DIGITAL HANDBOOK

Chapters:

Patient Centric Chapter: -

- Access Assessment and continuity of care (AAC)
- Care of Patients (COP)
- Management of Medication (MOM)
- Patient Rights and**A** Education (PRE)
- Hospital Infection Control (HIC)

Organization Centric Chapter: -

- Patient Safety and Quality Improvement (PSQ)
- Responsibilities of Management (ROM)
- Facility Management and Safety (FMS)
- Human Resource Management (HRM)
- Information Management System (IMS)

ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)

1. **Which are the scope of services (Diagnostic and Therapeutic services) provided at our hospital?**

Answer:

These Services are displayed at

a. Main Entry gates B Block New Building:- Near EMCS
b. Ground Floor, New Building-A Block – in patient waiting area opposite Reception counter
c. Ground Floor-B Block New Building:- in patient waiting area

2. **What is the registration process in our organization?**

Answer:

The UNMICRC Registration Process involves filling a physical registration form, submitting it to the registration counter, verification by registration staff, entry in the HMIS system, generating a unique registration number, and handing over a printed OPD case paper to the patient. Follow-up patients show their discharge card or old OPD case paper for the registration process.

3. **<u>What are the timings for OPD Registration and OPD Consultation, and where are they displayed?</u>**

Answer:

Timings for OPD Registration and OPD Consultation are from 9:00 AM to 8:00 PM, displayed opposite the Registration Counter.

4. **<u>What is the Admission Procedure of our hospital?</u>**

Answer:

UNMICRC Admission Process Flowchart: -

Receive Request from Consultant
↓
OPD Education & Counseling
↓
Govt. Scheme Counseling Scheme
↓
Verification
↓
IPD Registration & Payment Generate IPD
↓
Case Paper & Obtain Consent Issue ID Band,
↓
Visitors Passes, and File Accompany Patient
↓
to Concerned Department
↓
Resolve Conflicts (if any) or Contact I/C CMO or RMO

Prisoner Patient Admission Process: -

MLC Entry and Signing Completion of Admission Process (Consulting doctor, I/c CMO/RMO of the hospital and CMO/RMO of the civil hospital)
↓
MLC Entry and Signing in MLC Cases

Admission Process of International Patient: -

Admission Initiated
↓
Registration at Admission Counter (Follow consult or on-duty doctor order)
↓
Apply Foreigner Stamp on Indoor Case Paper
↓
Complete Online "C" Form and Collect Passport and Visa Photocopy
↓
Send Registration Documents and Passport Photocopy to FRRO/Police Office
↓
Intimate Visa Status to FRRO/Police Office

5. **What procedure is followed in case of non-availability of beds?**

Answer:

In case of non-availability of beds, the on-duty Medical Clinical Coordinator & Asst. Matron are contacted. They, with the help of the on-duty doctor, manage the situation, and if required, the I/C CMO is contacted.

In case of Non Availability of Beds in ICCU

Firstly institute will try to admit all patients on mobile couch in between the regular beds

↓

Emergency duty unit head will be contacted & team member of respective unit will evaluate already admitted patients in ICU for shifting of stable patients to their ward

↓

After all these measures still more beds are required for ICU care, institute will refer patient to Civil Hospital Emergency Department & Hospital Authority will communicate with CHA RMO for necessary admission of patient

In case of Non Availability of Beds in General Wards

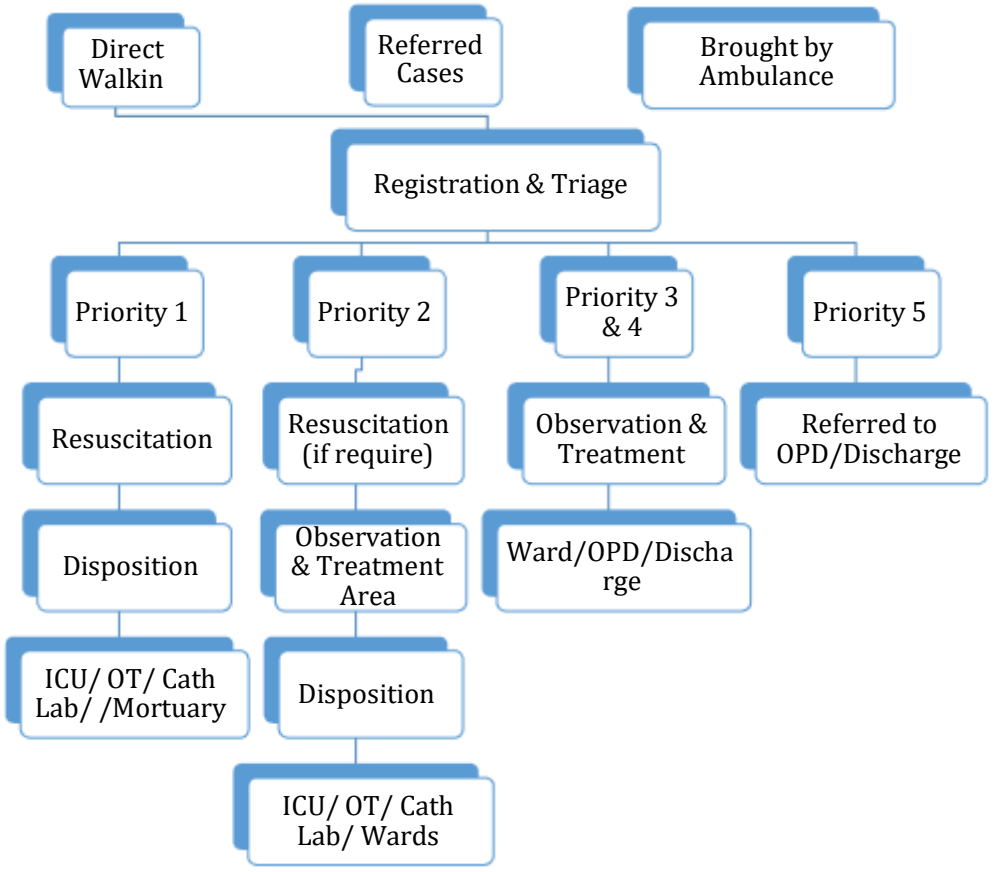
Patient will be temporarily admitted to other department's general ward where beds are available

If general beds are not available in entire hospital then patient will be given date & time of admission for further treatment considering stable patient as they require general ward admission.

6. **What is the prioritization of access to care in the OPD and Emergency Department?**

Answer:

In the OPD, if a patient's condition worsens during the waiting time, they are immediately referred to the emergency department. In the Emergency Department, all IPD patients are periodically examined, and priority of care is decided based on their current conditions. Early warning signs trigger necessary interventions.

OPD	In the OPD, if a patient's condition worsens during the waiting time, they are immediately referred to the emergency department.
Emergency Department	
Indoor Patient	⌄ All IPD patients are being examined on daily basis by on duty doctor and nursing staff periodically for their condition and priority of care is decided based on their current conditions. ⌄ In case of patient admitted in general ward and shows early warning signs, necessary process flow is followed.
Diagnostic Services	⌄ Doctor will do necessary request for diagnostic services in HMIS and if high priority is required special flag is applied while requesting the services in HMIS. ⌄ Diagnostic service dash board in HMIS will show high priority cases as red color and above other request so that they can provide their services to these patients on high priority.

7. **<u>How do you confirm the identity of your patient?</u>**

Answer:

The approved identifiers for positive identification include patient name, unique registration number, and OPD/IPD number. A combination of two identifiers is used, and identification bands are tied on the patient's wrist.

8. <u>Where is the tariff list available if a patient wants to refer?</u>

Answer:

The tariff list is available at the Registration Counter, Reception Counter, and Account Department.

9. <u>What is the procedure for the transfer of patients within/outside the hospital for stable and unstable patients?</u>

Answer:

↙ TRANSFER OUT/REFERRAL FOR DIAGNOSTIC PROCEDURE: -

- Diagnostic procedure shall be done as per consultant advice & on duty doctor (Resident/Medical officer) confirms the procedure date.
- Arrange the ambulance by confirmation from CMO/RMO.
- At the time of appointment, one patient attendant, nursing staff & on duty doctor are going with the patient by hospital ambulance to the Imaging Centre.
- Report of the procedure should be collected by the patient relative.Report is collected after few hours by patient relative.

↙ TRANSFER-IN/REFERRAL IN FROM OTHER ORGANIZATION:

- Admit as a new patient, follow admission procedures.
- Handover in emergency department, document in patient record.
- Shift to Ward/ICU after initial assessment.
- Provide discharge/transfer summary with findings and treatment plan.

↙ TRANSFER WITHIN THE HOSPITAL:

ICU to Ward:

- On duty doctor determines transfer necessity.
- Confirm bed availability with in charge nurse.
- On duty doctor/On duty senior nursing staff approves bed allotment.
- Patient physically transferred after confirmation.

Ward to ICU:

- Information given to on duty doctor.
- Transfer determined by consultant or on duty Doctor.
- Unit nurse sends transfer summary to in charge nurse.
- Patient transferred with summary.

Ward/ICU to OT Complex:

- Patient assessed by on duty Doctor.
- Shift to OT Complex with nurse.
- Transfer summary provided.

OT Complex to Ward/ICU:

- Post-operative assessment by Surgeon & Anaesthetist.
- On duty Nurse of recovery area receives patient from OT.

Ward/ICU to Radiology Department:

- Requisition sent for radiological investigation.
- Radiology department coordinates with nursing staff.
- Patient sent to radiology department for the investigation.
- Return to ward/ICU after procedure.

Class Transfer of Patient:

- Special room confirmation through telephonic talk.
- Explain charges to patient & relative.
- Confirm bed availability with in charge nurse.
- Physical transfer after confirmation.

TRANSFER-OUT/REFERRAL OF PATIENTS (UNSTABLE & STABLE):

- Decision by treating consultant.
- Confirm bed availability in destination hospital.
- Stabilize patient before transfer.
- Qualified personnel and equipment used.
- Responsible handover with medical history.
- Provide appropriate medical records to destination hospital.

TRANSFER OUT/REFERRAL FOR DIAGNOSTIC PROCEDURE:

- Procedure as per consultant advice.
- Ambulance is arranged
- Patient, nursing staff, and on duty doctor accompany (Whenever require)
- Report collection by patient relative

10. <u>What is the timeline for the completion of the initial assessment by doctors, nurses, dieticians, and physiotherapists?</u>

Answer:

Sr. No.	Assessment	Person authorized and responsible for assessment	Time lines for initiation of assessment	Timeline for completion of documentation
1	Complete assessment in case of emergency	On duty doctor	Within 15 minutes	Within 24 hours of admission
2	Admission History and Physical Initial Assessment (including plan of care)	On duty doctor	Within 1 hours of admission	Within 24 hours of admission
3	Nursing Assessment	Nursing Staff	Within 1 hour of admission	Within 24 hours of admission
4	Physiotherapy assessment	Physiotherapist	As per requirement	-

11. <u>What is the timeframe for reassessment of the patient?</u>

Answer:

S.N	Department	Vitals & Intake/Output Monitoring	Doctor Reassessment	Nursing Re-assessment
1	Emergency Department	1 hourly	Minimum once in each shift	Minimum once in each shift
2	Cardio-thoracic recovery Room (Adult / Paediatric)	1 hourly	Minimum once in each shift	Minimum once in each shift
3	Medical ICUs	1 hourly	Minimum once in each shift	Minimum once in each shift
4	Surgical ICUs (Adult / Paediatric)	1 hourly	Minimum once in each shift	Minimum once in each shift
5	Paediatric ICU	1 hourly	Minimum once in each shift	Minimum once in each shift
6	Post Cath ICU	Every 2 hourly	Minimum once in each shift	Minimum once in each shift
7	Medical / Surgical / Paediatric Wards	Every 6 hourly or as per early warning score	Minimum once in each shift	Minimum once in each shift
8	Casualty: - Depending on patient's condition, it varies from 5 min to at least 1 hour			

*Note:- Reassessment shall be done whenever patient's condition change or as per consultant advice.

- **Monitoring of Restraint Patients:** Adult patients shall be monitored at every 2 hourly and children shall be monitored at every one hourly.
- **Pain Reassessment:** Reassessment of the pain is done daily by the doctor/nursing staff at every 6 hourly and document it in the pain management chart. When the patient complaints the pain, reassessment of pain should be done within two hour or as per doctor's instruction until the intensity of pain rating is 0 or at an acceptable level according to the patient.

12. <u>What documentation is required prior to the transfer of patients?</u>

Answer:

a. Transfer summary of patient stating medical necessity.
b. Nursing documentation.
c. Time at which the patient left the patient care unit.
d. Vital data before leaving.
e. Patient and/or family consent copy of agreeing to transfer, if transfer is outside thehospital.
f. Proper advice given by consultant
g. Time of patient reach the destination hospital/Diagnostic center.

h. Vital data after receiving patient to department

13. <u>What are the early warning signs?</u>

Answer:

- It is signs of change or deterioration in clinical conditions for initiating prompt intervention.
- The early warning signs will be applicable in non-critical areas and will vary based on the patient's age:
- **The MEWS score will determine the frequency of observations for patients aged >18 years:**
  - Score 0 to 2: - Do 6 hourly observations
  - Score 3: - Do 2 hourly observation
  - Score ≥ 4: - Activate Rapid Response Team
- **For Pediatric Patients <18 years following criteria have to follow: -**
- For Pediatric patients, the early warning signs will be monitored based on specific parameters for different age groups, and nursing staff must promptly contact the treating doctor if any of the specified signs are noticed.

SYSTEM	PARAMETER	AGE 0 to 4 MONTHS	AGE > 4 to 12 MONTHS	AGE > 1 to 4 YEARS	AGE > 4 to 12 YEARS	AGE > 12 to 18 YEARS
Respiratory	RR	>60 /min <30 /min	>55 /min <25 /min	>40 /min <25 /min	>30 /min <10 /min	>25 /min <10 /min
	SPO2	< 90% < 70%	< 90% < 70%	< 90% < 70%	< 90% < 70%	< 90% < 70%
	Distress	Moderate	Moderate	Moderate	Moderate	Moderate
	Oxygen Requirement	>3LIT/MIN	>3LIT/MIN	>3LIT/MIN	>3LIT/MIN	>3LIT/MIN
Cardiovascular	HR	>165 /min <105 / min	>160 /min <105 / min	>140 /min <85 / min	>115 /min <60 / min	>105 /min <50 / min
	SBP	<60 mm/Hg	<70 mm/Hg	<75 mm/Hg	<80 mm/Hg	<90 mm/Hg
	CRT	>3sec	>3sec	>3sec	>3sec	>3sec
	Skin Color	Pale Cyanotic Mottling				
Behavior		-Lethargic -Reduced Response to pain -Inconsolable cry				

- During each shift, patient vital signs will be routinely recorded. The early warning score system assigns numerical scores (ranging from 0 to 3) to each vital sign in the observation chart. These scores are added to calculate the patient's early warning

score. Trends in the score will help assess whether the patient's condition is improving or deteriorating. Senior medical staff will be informed and care escalated as appropriate.

- For pediatric patients, nursing staff must immediately contact a doctor if the patient exhibits any of the early warning signs mentioned above.

- **Monitoring of Early Warning Sign:-**
- Early warning signs are monitored during each shift and when any patient has physiological changes as per defined parameters
  - Early warning signs are monitored by nursing staff.
  - The organization trains the nursing staff to identify early warning signs of change or deterioration in clinical condition. i.e.
    - Bradycardia (Pulse < 60/min)
    - Tachycardia (Pulse > 120/min)
    - Hypotension (Systolic Blood Pressure <80 mm of Hg)
    - Hypertension (Systolic Blood Pressure >180 mm of Hg)
    - Chest Pain
    - Sudden breathlessness
    - Sudden Restlessness
    - Sudden Sweating or perspiration
    - If patient is on TPI- Loss of pacing in monitor
    - Intermittent giddiness or worsening sensorium
    - Onset of focal neurological deficit
    - In intubated patients, Decreasing oxygen saturation at the monitor
    - Cold extremities , Restlessness, Pallor and Hematoma on the local site
    - Recurrent Vomiting
    - Sudden onset pain in abdomen, upper and lower limbs in case of peripheral artery obstructive diseases
    - Urine Output < 1 ml / kg / hour
    - Wound bleeding

14. <u>What is a Rapid Response Team?</u>

Answer:

A **Rapid Response Team** (RRT) is a **team** of health care providers that responds to patients with early warning signs of deterioration in non-intensive care units to prevent medical emergency.

The goal is to treat these warning signs early so that the patient's outcome may be improved and a cardiac arrest prevented.

The Rapid Response Team consists of:-

- On Duty DM or M.Ch resident / Senior resident /Medical Officer
- On Duty Physiotherapist/Physician assistant

- Treating Nursing staff
- Departmental sister In-charge
- Unit coordinator

(* On duty Critical care Intensivist/Anaesthetist are asked to respond whenever required. If patient is very sick, he/she will be shifted to ICCU immediately.)

Procedure:-

- In event of any medical emergency situations, the identifier of the situation notifies it.
- One of the team members of the Rapid Response team shall assess the patient and will determine the sign of deterioration and activate the rapid response team.

Responsibilities: -

Member	Responsibilities
On Duty DM or M.Ch resident / Senior resident /Medical Officer	Manage emergency according to the situation of patient. To inform the patient's family about the situation. To complete the medical record by documenting the entire event in progress note and inform the admitting & attending consultant of the patient.
On Duty Physiotherapist /Physician assistant	To assist the On Duty DM or M.Ch resident/Senior resident/Medical Officer
Treating Nursing staff Departmental sister In-charge	- To keep the required equipments and emergency medicines ready. - To get the crash cart, if required - To record the event in the chart. - After the use, replace all used items of the crash cart, if required.
Unit Coordinator	To inform critical care physician, intensivist or other specialty consultant, if required.

15. <u>Are OPD patients informed about their follow-up visits?</u>

Answer:

- Yes, OPD patients are informed about their follow-up visits. The information is documented under the plan of care in the OPD case paper and prescription.

16. <u>What is the waiting time for service delivery in different departments?</u>

Answer:

Department		Waiting Time line (Minutes)
Laboratory	Patho Lab	30 Mins.
	Micro Lab	30 Mins.
Radiology Department	CT Scan	30 Mins.
	X Ray	30 Mins.
	Sonography	30 Mins.

	Nuclear Medicine	60 Mins.
OPD	Cardiology OPD	180 Mins
	CVTS OPD	180 Mins
	Pediatric OPD	180 Mins

17. <u>What is the procedure for the referral of patients to other departments?</u>

Answer:

Identification of Need for Referral	⌄ Doctor assesses patient's clinical condition. ⌄ Referral determined if necessary.
Completion of Cross Reference Form	⌄ Referring doctor completes standardized form or notes details. ⌄ Captures patient info and reason for referral.
Timeframes for Referral	⌄ Emergency: Immediate action. ⌄ Routine: Addressed within 24 hours. ⌄ Communication if timeframes can't be met.
Communication and Coordination	**Referrals for Cardiology / Cardiovascular thoracic Department** ⌄ The treating doctor generates a Cross Reference based on the patient's clinical condition. ⌄ In emergency cases, the on-duty doctor creates the reference and contacts the relevant doctor directly. ⌄ For non-emergencies, the patient's file is directed to the relevant department (Cardio OPD or CVTS OPD). The attending doctor will then assess the patient's condition and provide the necessary advice. **For Non-Cardiac Referrals** ⌄ The treating doctor creates a Cross Reference aligned with the patient's clinical condition. ⌄ The medical clinical coordinator of the visiting department is informed via phone / WhatsApp group. ⌄ Medical clinical coordinator of the visiting department then notifies the concerned doctor about the referral details. ⌄ Once the referral has been processed, the designated doctor evaluates the patient as required. ⌄ The medical clinical coordinator of the visiting department ensures timely execution of all referrals. ⌄ Treatment commences as prescribed by the doctor.
Cross Referrals Outside the Hospital	⌄ In situations where the required expertise or facilities are not available within the hospital, patients may be referred externally. The Cross-Reference form should clearly state the reason for such an external referral.

Documentation and Record Keeping	⌄ All completed Cross Reference forms must be integrated into the patient's medical records for consistency and future reference.

18. <u>Describe the discharge process, especially in Medico-Legal Cases?</u>

Answer:

⌄ The discharge process involves initiating discharge planning, preparing a discharge summary, obtaining necessary signatures, handling prisoner patient discharges, and completing various steps for different categories like DAMA, absconded patients, and deaths. In MLC cases, additional documentation and coordination with the police are required.

19. <u>What is the timeframe for discharge?</u>

Answer:

Categories	Timeframe
For Paid Patients	180 Minutes
For Yojana Patients	Within 180 Minutes (After Yojana Clearance)
For LIG/SC/ST/School Health	Within 180 Minutes

20. <u>What should be the content of a discharge summary?</u>

Answer:

⌄ The discharge summary should include patient details, admission and discharge dates, type of discharge, allergy information, reason for admission, significant findings, diagnosis, treatment details, investigations, surgery/procedure details, discharge medication, and follow-up advice. It must be signed by the resident doctor and countersigned by the consultant.

21. <u>What are the visiting hours?</u>

Answer:

⌄ Visiting hours are from 4:00 PM to 6:00 PM.

CARE OF PATIENTS (COP)

22. What is ESI Triage?

Answer:

Category		Description
Priority 1	**Resuscitation**	Patient requires immediate lifesaving intervention
Priority 2	**Emergent**	Patient is in a high risk situation. Example:- Disoriented, in severe pain, vitals are in danger zone, etc.
Priority 3	**Urgent**	If multiple resources (02 or more) are required to stabilize the patient, but vitals are not in the danger zone.
Priority 4	**Less Urgent**	If one recourse is required to stabilize the patient
Priority 5	**Non Urgent**	If patient does not require any resources to be stabilized

23. What is the Patient Triage process during disaster?

Answer:

Colour Code for Triage		
RED	First Priority	Most Immediate
YELLOW	Second Priority	Urgent
GREEN	Third Priority	Non Urgent
BLACK	Last Priority	Dead

24. What is Emergency Medicine Kit?

Answer:

- Medicine kit should be prepared containing following listed medicines and bag should be kept in Casualty. Whenever Ambulance is used to transfer the patient, Emergency Medicine Kit will carry from casualty by Staff Nurse.

25. List out emergency codes.

Answer:

CODE BLUE	CARDIAC ARREST -444
CODE RED	FIRE -555
CODE YELLOW	DISASTER-555
CODE PINK	CHILD ABDUCTION-555
CODE BLACK	BOMB THREAT-555
CODE PURPLE	INTERNAL VIOLENCE-555

Code Blue - Steps to be followed:

1. Ask other person to activate Code Blue by dialing 444.
2. Ask someone to get the crash cart near to the victim.
3. Put the victim in supine position and start BLS until the code blue team arrives.
4. Team will reach the location with code blue kit. Doctor from the team will start CPR and nurse will start preparing medication defibrillator
5. Person who activated Code will brief the team about the situation when team arrives.
6. Document the event in Code Blue Reporting Form.
7. Deactivate the Code.

Code Pink - Steps to be followed:

1. Dial 555 & activate code pink
2. Security will seal off all the exit doors.
3. Security will check all the employees and visitors.
4. Ask Photography Department to check CCTV footage.
5. Start search operation
6. Inform police if required.
7. Document the event in Code Pink reporting Form
8. Deactivate the code at the end of the event.

Code Red - Steps to be followed:

1. Dial 555 & activate code red and mention type of Fire.
2. For example: Code red - Type A activated at Quality Department, 4th Floor New building.
3. Cordon off area
4. Start firefighting with fire extinguisher
5. Evacuate personnel/patients and material especially when any hazardous or combustible material is nearby.
6. Cut off electricity supply.
7. Assemble at assembly area.
8. Do not use lift.
9. Brief code red team when they arrive.
10. Document the event in Code Red reporting Form
11. Deactivate the code at the end of the event.

Code Black - Steps to be followed:

1. Dial 555 & activate code Black.
2. Do not touch the suspected material.
3. Cordon off the area.
4. Brief Code Black team when team arrives.
5. Team will reach with metal detector.
6. Inform Police if required.
7. Document the event in Code Black reporting Form
8. Deactivate the code at the end of the event.

Code Yellow - Steps to be followed:

1. Dial 555 & activate code Yellow for internal/ external Disaster.

2. Code yellow team will reach the location and decide to activate other teams as per requirement.
3. Following teams will remain alert and becomes active if informed
   - Triage Team
   - First Aid Team
   - Rescue and Evacuation Team
   - Crowd Management Team
   - Code Blue/Code Red Team
4. Teams will assemble at assembly point or at triage area as per instruction.
5. If required, Code yellow team will inform Police, 108 and Fire authority.
6. Document the event in Code Yellow Reporting Form & Code Yellow Register.
7. Deactivate the code at the end of the event.
8. Media Management is done.
9. Post event analysis by team is done.

Mock Drills for all the codes are done at least once in 6 months.

Code Purple - Steps to be followed:

- Any staff member confronted with or witnessing a combative / violent situation in the institute should initiate a Code Purple.
- The Telephone operator will announce the Code Purple.
- Pre-designated Code Purple team immediately report to the place of incident.
- Team will give immediately protection to the victim.
- Add distance/barriers between victim and assailant & Isolate area.
- Counseling of victim and assailant at different isolated area.
- Getting medical assistance if needed.
- If the situation cannot be resolved using the Code Purple Strike Team, the local police department should be immediately contacted for assistance.
- When the Code Purple has been resolved, the Safety officer will deactivate the code.

26. <u>Mention steps of CPR.</u>

Answer:

Steps for Cardio Pulmonary Resuscitation:

C- Cardiac compression

A - Airway

B - Breathing

D – Defibrillation

(* Adult & Pediatric Cardiac Arrest Algorithm is available at COP-5 CARDIAC RESUSCITATION)

27. <u>List out code blue teams and its members.</u>

Answer:

Code Blue Team for A-Block:-

- On duty Anesthetist at ACTRR
- On duty SICU MCH Resident Doctor
- Two on duty Cardiac Physiotherapists from SICU

- On duty SICU Staff Nurse
- On duty utility staff from SICU

Code Blue Team for B-Block:-

- On duty cath lab Anesthetist
- On duty ICCU Cardiology Resident Doctor.
- Two on duty Cardiac Physiotherapists from ICCU.
- On duty ICCU Staff Nurse.
- On duty utility staff from ICCU.

28. <u>What is Roles & Responsibility of CODE BLUE Team?</u>

Answer:

Member	Role & Responsibility
Anesthetist	Act as a team leader. He/she will manage airway, intubation. He/she will instruct the subordinates.
Cardiology Resident Doctor	Act as a Co-team leader. He/she will manage chest compression defibrillation.
Physiotherapist	One Physiotherapist assists the Resuscitation procedure. Another Physiotherapist work as a scribe for real time monitoring and recording of events during CPR & at the end he/she will deactivate the Code Blue.
Staff Nurse	Manage the IV lines and introducing medications as per the instructions of the team leader
Utility Staff	Carry the Code Blue kit & help to transfer the patient to ICU.

29. <u>Define the following:</u>

Answer:

- **Disaster -** Any occurrence that causes damage, ecological disruption, loss of human life, deterioration of health and health services, on a scale sufficient to warrant an extraordinary response from outside the community. (WHO)
- **Horizontal Evacuation -** This stage involves patients who are secured from immediate danger but remain on the same floor. Horizontal evacuation typically means that everyone in the Unit should be moved to the opposite side of the building.
- **Vertical -** This stage refers to the complete evacuation of a floor. For a localized incident, occupants can be transferred to an area of refuge identified elsewhere in the hospital, typically at least two floors beneath the incident floor. In the case of a complete Hospital evacuation, occupants should be removed to the assigned Refuge Area. All patients should be tagged and/or triaged by designated leadership before they leave their floor.

- **Total Evacuation -** This stage involves the complete evacuation of the facility. Total evacuation should be initiated only as a last resort. Patients should be transferred to alternate locations and facilities. This decision should require coordination between all Sections operating under the facility's safety committee**.**

30. <u>When and how to do Rehearsal of Disaster Plan?</u>

Answer:

1. The disaster plan will be rehearsed at least twice a year, preferably as part of a coordinated drill in which other community emergency service agencies participate. The plan can be tested using a table –top exercise or/and mockdrill . There should be at least one mock drill from that exercise of rehersal.
2. The drills will involve professional, administrative, nursing and other hospital personnel. Actual evacuation of patients during drills is optional.

31. <u>What is time frame for code blue mock drill?</u>

Answer: Code Blue mock drill is done every quarterly.

32. <u>What are the time frames specified for the availability of blood and blood components in emergency situations, and non-emergency situations.</u>

Answer:

- In case of Emergency, Blood and blood components shall be available within 1 hour.
- In case of planned transfusion, Blood and blood components shall be available within 24 hours or as recommended by clinician.

Component	Regular	Emergency
PRBC (Packet Red Blood Cell)	90 min	60 min
FFP(Fresh Frozen Plasma)	30 to 45 min	30 to 45 min
Platelet	10 to 15 min	10 to 15 min
Cryopercipitate	10 to 15 min	10 to 15 min
CPP	30 to 45 min	30 to 45 min

33. <u>What procedure to be followed for the transfusion of blood and blood components?</u>

No.	Procedure Steps	Responsibility
1	Identification of purpose of blood transfusion	Consultant/ Resident Doctor
2	Order for blood transfusion specifying the following: - Type of component - No. of units to be administered - Warming of blood / blood components - Premedication, if any - Rate of transfusion especially in case of paediatric patients - Special procedures such as filters, irradiation	Consultant/ Resident Doctor/Medical Officer

3	Filling up of Blood Transfusion Requisition Form and sending it to Blood centre through Pneumatic Tube System (PTS) or Manually in person.	Resident Doctor/Medical Officer
4	Identification of patient and collection of blood sample. Labelling of blood sample and sending it to blood centre for cross matching.	Nursing Staff/medical officer
5	Receipt of blood or blood components and check for Patient's name, Indoor no., Type of blood component, blood group, expiry date of the blood unit and volume of blood component.	Resident Doctor/Medical Officer
6	Blood unit is allowed to stand at room temperature for 30 – 45 minutes before its administration.	Nursing Staff
7	Preparation of all bedside articles &patient for blood transfusion.	Nursing Staff
8	Explaining the patient & relatives about the procedure& taking Informed Consent before the transfusion of Blood and blood components.	Nursing Staff
9	Check IV Cannula for blockage or any complication	Nursing Staff
10	Check vital signs	Nursing Staff
11	Check site of Blood Transfusion	Nursing Staff
12	Use of 18 or 20 gauge Intravenous catheter and standard blood transfusion set for transfusion is recommended	Nursing Staff
13	Medical Officer & Nursing Staff has to verify the patient's name, IP No. on the sticker (attached on the blood bag) &cross match report received from the blood centre in the patient's presence, at the bedside, prior to transfusion.	Resident Doctor/ Medical Officer & Nursing Staff
14	The patient must be closely observed and assessed for: ⌄ Vital sign ⌄ Rate of flow ⌄ Signs of circulatory overload ⌄ Urinary output ⌄ Needle site for signs of infiltration, haematoma & dislodgement of needle, etc. ⌄ Any possible transfusion reaction / complication including fever, chills, back pain, dyspnoea, hypotension, haemoglobinuria etc. ⌄ Patency of infusion set ⌄ Keep the patient warm & comfortable with a blanket	Resident Doctor/ Medical Officer & Nursing Staff
15	On completion of Blood transfusion, Treating Consultant to be informed for further treatment	Resident Doctor/ Medical Officer & Nursing Staff
16	Following information needs to be recorded in Nursing sheet: ⌄ Start Time and completion Time of Blood Transfusion. ⌄ Volume of blood administered ⌄ Blood unit No., Blood Group & Type of blood administered ⌄ Rate of flow	Nursing Staff

	˅ Any reactions observed ˅ Any medications administered	
17	Disposal of Blood units: ˅ Unused Blood units, whole blood/ PCV (within 30 minutes of issue by Blood centre) are returned to the Blood centre provided cold chain is maintained. ˅ Unused Blood units crossing 30 minutes (after issue by Blood centre) shall be discarded in yellow bag as per Bio medical waste management guideline. ˅ Partially used Blood units shall be discarded in yellow bag as per Bio medical waste management guideline. ˅ Used Blood units shall be discarded in yellow bag as per Bio Medical Waste Management Guidelines.	Nursing Staff

34. <u>What is the protocol for the disposal of unused blood units issued by the Blood Centre?</u>

Answer:

Unused blood units, whether whole blood or packed red blood cells, are returned to the Blood Centre within 30 minutes of the issue, maintaining the cold chain.

35. <u>What happens to unused blood units that exceed the 30-minute timeframe after being issued by the Blood Centre?</u>

Answer:

Unused blood units crossing the 30-minute mark are discarded in a yellow bag following the Bio Medical Waste Management guidelines.

36. <u>How should partially used blood units be managed in terms of disposal?</u>

Answer:

Partially used blood units should be discarded in a yellow bag, adhering to the Bio Medical Waste Management guidelines.

37. <u>What is the recommended procedure for the disposal of used blood units?</u>

Answer:

Used blood units should be appropriately discarded in a yellow bag, following the Bio Medical Waste Management Guidelines.

38. <u>What are the steps to be taken when there is Blood Transfusion Reaction?</u>

Answer:

In the event of a suspected transfusion reaction, follow the following steps:

- **STOP the transfusion immediately**
- **INFORM the Medical Officer immediately**
- **RECHECK all blood unit labels and patient identification**

- **DRAW post transfusion blood sample in a separate tube – plain & EDTA both**
- **RECORD** the reactions in nursing sheet with time
- **INFORM** the Nursing Quality Manager immediately and fill the blood transfusion reaction form and Incident Reporting Form
- **SUBMIT** all documents with blood specimen, blood bag & transfusion set to Blood centre for further investigation of transfusion reaction

39. <u>What are the Safety measures for Blood Transfusion?</u>

Answer:

1. Follow strict aseptic technique throughout the procedure
2. Appropriate filter has to be used for transfusion
3. Care is to be taken to prevent introduction of air in the apparatus.
4. No Medications shall be administered simultaneously with blood or blood componentsvia the same IV line.
5. If any IV fluids are to be given immediately before, during or after transfusion, alwaysuse physiologic Saline to prevent hemolysis of the blood in the tubing.
6. Blood/Blood products are to be transferred as early as possible once they are issuedfrom blood bank.
7. If blood bag is found broken or leakage is found, blood bag has to be discarded asper
   Biomedical Waste Management guidelines.

40. <u>What is Admission protocols in ICCU?</u>

Answer:

Admission criteria are used to select patients who are likely to benefit from care in ICUs. Patients who meet any of the following criteria shall be admitted to the ICUs at the request of the treating doctor.

Admission criteria in ICCU: - (For Adult patients)

Preadmission screening: - The ICU admission decision based on several models utilizing

- Prioritization model
- Diagnosis model
- Objective parameters model

Prioritization Model: -

<u>Priority</u>	**<u>Sign & Symptoms</u>**
Priority-1	• These are critically ill, unstable patients in need of intensive treatment and monitoring that cannot be provided outside of the ICU. • Usually, these treatments include ventilator support, continuous vasoactive drug infusions, requirement of urgent pericardial tapping, Arrhythmias requiring temporary pacemaker insertion etc.
Priority-2	• These patients require intensive cardiac care monitoring and may potentially need immediate intervene. No their limits are generally stipulated for these patients.
Priority-3	• These patients are relatively low risk stable cardiac patient who may require monitoring.

Diagnosis Model: -

System	Diagnosis
Cardiac system	˅ Acute myocardial infarction with complications ˅ LV Dysfunction ˅ Unstable Valvular Heart Diseases ˅ Cardiogenic shock ˅ Arrhythmias requiring close monitoring and intervention ˅ Acute congestive heart failure with respiratory failure and/or requiring hemodynamic support ˅ Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain ˅ Cardiac arrest ˅ Cardiac tamponed or constriction with hemodynamic instability ˅ Dissecting aortic instability ˅ Complete heart block
Pulmonary System	˅ Acute respiratory failure requiring ventilator support ˅ Pulmonary embolism with hemodynamic instability
Endocrine	˅ Hypo or hyperkalemia with Arrhythmias ˅ Hyper of Hypoglycemia ˅ Hyper or hypomagnesaemia with hemodynamic compromise or Arrhythmias
CNS	˅ CV Stroke ˅ Coma
Cardio Vascular Thoracic Surgery	˅ Post-operative patients requiring hemodynamic monitoring / ventilator support or extensive nursing care ˅ Stuck Valve ˅ Post MI VSR
Miscellaneous	˅ Septic shock with hemodynamic instability ˅ Hemodynamic monitoring ˅ Clinical conditions requiring ICU level nursing care

Objective parameters Model: -

Vital signs/ parameters	Findings
Electrocardiogram	˅ Myocardial infarction with or without complex arrhythmias ˅ Sustained ventricular tachycardia or ventricular fibrillation ˅ Complete heart block with hemodynamic instability ˅ Sinus Arrhythmia (Tachycardia / bradycardia)
Echocardiography	˅ Valve Thrombosis ˅ Cardiac Temponade ˅ Pericardial Effusion

Vital Signs	˅ Pulse < 40 or > 150 beats/minute ˅ Systolic arterial pressure < 80 mm Hg or 20 mm Hg below the patient's usual pressure
Laboratory Values	˅ Altered Enzymes: Troponin I, CPK – MB, D-Dimer, LDH ˅ Serum potassium < 2.0 mEq/L or > 7.0 mEq/L (Hypo or Hyperkalamia or sever electrolyte disurbance) ˅ Abnormally low Haemoglobin
Radiography/ Ultrasonography/ Tomography	˅ Dissecting aortic aneurysm ˅ Pulmonary embolism
Physical Findings (acute onset)	˅ Anuria ˅ Airway obstruction ˅ Continuous seizures ˅ Cyanosis ˅ Cardiac Tamponed

Admission criteria in ICCU: - (For pediatric patients)

Prioritization model	Cyanotic Spell Breathlessness Obstructive Airways Requirement of Ventilator Support Decompensated Cardiac Failure Requirement of Inotropes Drug dependent CHD Cardiac Arrhythmias Septicemia Respiratory Failure Patient require intensive monitoring
<u>Diagnosis</u> model	Unstable Cyanotic Congenital Heart Disease Unstable Acyanotic Congenital Heart Disease Unstable Rheumatic Heart Diseases Post-operative patient requiring monitoring / ventilator support Cardiogenic Shock Cardiac Temponade Infective Endocarditis
Objective <u>parameters</u> model	Pulse : Neonates <60/min or > 200/min Infants < 70/min or > 180/min Older Children < 40/min or > 150/min Blood pressure < 70 mmHg > 150 mmHg Respiratory rate:- Neonate > 80 breaths /min

	Infant > 60 breaths /min Older Children > 40 breaths /min SPO_2 < 70 % CRT > 3 seconds Cardiac Arrhythmia Serum sodium < 120 Eq / lit < 160 Eq /lit Serum potassium < 2.0 Eq/lit or > 6.0 Eq /lit Any acute acid base disturbance Serum calcium > 12 mg/dl/ < 7 mg/dl Acute onset – Anuria with renal failure Continuous seizures / New onset seizure

41. <u>What is Discharge/Shift/ Transfer criteria for ICCU?</u>

Answer:

The status of patients admitted to an ICU should be revised continuously to identify patients who may no longer need ICU care.

Discharge/Shift/ Transfer criteria from ICCU for adult patients include (but not limited to):-

- Written discharge/transfer order by attending doctor
- Substantial resolution of the problems responsible for admission
- Elimination of need for mechanical ventilation/airway protection
- Stable hemodynamic parameters
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency
- Oxygen requirements not more than 60%
- Intravenous inotropic/ vasopressor support and vasodilators are no longer necessary
- Patients on low dose inotropic support may be discharged earlier if ICU bed is required.
- Cardiac dysrhythmias are controlled
- Neurologic stability with control of seizures
- Patients with tracheostomies who no longer require frequent suctioning
- Anticipation of prolonged medical stability

Discharge/Shift/ Transfer criteria from ICCU for pediatric patients include (but not limited to):-

Parameter	**Recovery Norms**
Hemodynamic parameters	- Pulse rate – normal or controlled - B. P. – normal or controlled
Respiratory Parameter	- Rate - normal or controlled - Patient extubated with stable ABG analysis - Airway patency – good

Cardiac Parameter	˅ Arrhythmias are controlled ˅ ECG - normal
Neurological Parameter	˅ Stable GCS scale ˅ Controlled seizure
Others	˅ Patient with tracheostomy – is no longer requiring ˅ Patient is no longer requiring intensive monitoring

VISITORS POLICY IN ICCU: -

- Visitor's entry in the Intensive care area and Post-operative area is restricted only one attendant is allowed at a time during the visiting time.
- Visitors suffering from contagious disease are not allowed to enter.
- Shoes or chappals are not allowed in ICCU.
- Visitors must do hand rub before to enter in the ICCU.
- Visitors have to wear a cap & mask before entering in the ICCU.
- Visitors are not allowed to bring materials such as food, flowers and other materials, which can be a potential source of infections.

42. <u>Describe the steps involved in the nursing staff assessment and allocation process outlined in the provided details?</u>

Answer:

The process begins with the nursing in-charge or senior nursing personnel gathering comprehensive patient data and assessing available staff. They then evaluate each nurse's skills and specialties, allocating staff based on competency and patient acuity. Acuity levels are considered, with specific nurse-to-patient ratios in critical care, high dependency, and non-critical care areas. Documentation involves an Acuity-Based Assignment Register detailing assignments, staff details, and additional responsibilities. Grooming assessment, team leader mentions, preceptorship notes, accountability through signed assignments, and regular reviews are integrated into the process.

43. <u>What is the difference between Consent and Informed consent?</u>

Answer:

- **Consent:** willingness of patient to undergo examination/procedure/treatment by a healthcare Provider. It may be implied, expressed which may be written or verbal.
- **Informed consent:** is a legal condition whereby a person can be said to have given consent based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given

44. <u>What kind of procedure is being followed at your hospital to prevent Adverse Surgical Event?</u>

Answer:

Following procedure is followed to prevent adverse surgical event

1. Proper identification of patient by using following identifiers
   - Verbally confirming the name with patient or relative
   - Patient's ID Band
   - Patient's File and Pre-operative Note
2. Surgical Site marking
3. Performing "Time Out"

In which entire team performing surgery will verify verbally

- Name of Patient
- Name of Procedure
- Surgical site and side
- Patient's position, and
- Availability/presence of implants, special equipment, required during the procedure.

45. <u>Which tool is used for nutritional screening?</u>

Answer:

Nutritional Screening is done by using NRS Malnutrition screening tool-2002.

46. <u>Who can do Nutritional Screening and define timeline for it?</u>

Answer:

For Indoor patients, Nutritional Screening is done by the Doctor/Nursing staff/Dietician within 03 hours of admission of patient (Both Adult Patients & Pediatric Patients)

47. <u>What are the Criteria for determining patient as Vulnerable?</u>

Answer:

Following patients will be considered as vulnerable and need to undergo a risk assessment: -

- All patients aged 60 years (senior citizens) and infants and children (below the age of 12)
- Differently-abled and / or mentally challenged
- Mentally ill
- Comatose
- Critically ill
- Patient under sedation and anesthesia
- Pregnant Woman
- Patients on Dialysis
- Victim of Abuse or neglect
- Semiconscious/Unconscious
- Impaired communication or language barriers
- Immuno compromised patient

- Patient with suicidal tendencies

48. <u>How will you identify Vulnerable Patients?</u>

Answer:

- Vulnerable patients are identified by nursing staffs/doctors at the time of initial assessment.
- Nursing staffs tie purple wrist band on all vulnerable patients.
- (*All neonate and Pediatric patients (below age of 12 years) are considered as vulnerable and need not to be identified by purple wrist band.

49. <u>How will you identify patients who are risk at fall?</u>

Answer:

- To identify the patients' who are at risk of fall: -
  - Morse fall risk assessment tool is used for adult patients
  - Humpty Dumpty fall risk assessment tool is used for paediatric patients
- Morse fall risk assessment tool is used to identify the patients who are at the risk of fall on a shift wise.

Following Fall Risk Factors are included in Morse Fall Risk Assessment:-

- History of Falls
- Multiple Diagnosis/Multiple Medications
- Ambulatory Aid
- IV or IV Access
- Gait/Transferring
- Mental Status

Following Fall Risk Factors are included in Humpty Dumpty fall risk assessment tool: -

- Age
- Gender
- Diagnosis
- Cognitive Impairments
- Environmental Factor
- Response to Surgery/ Sedation/ Anesthesia
- Medication Usage

Interpretation of score: -

- Morse fall Risk Assessment: - High Risk: - 45 and higher, Moderate Risk: - 25 - 44, Low Risk: - 0- 24)
- Humpty Dumpty fall risk Assessment: - High Risk: - ≥ 12 Low Risk: - 7-11

50. <u>What is Restraint ? Describe your hospital' s restraint management policy.</u>

Answer:

- **RESTRAINT** is the involuntary use of a physical or mechanical device to limit or prevent movement of the whole or a portion of the patient's body as a means of controlling the patient's physical activities.

- **Mechanical Restraint** – Any device applied to a patient for the purpose of limiting free movement.
- **Chemical Restraint** – A drug used to inhibit a particular behavior or movement
- Verbal restraint orders must be co-signed by the Consultant within 24 hours of the initiation of restraint.
- Restraint must not exceed for 24 hours. If required to be continued, fresh consent needs to be taken.
- Patient under restraint must be reassessed every 2 hourly in adult patient and 1 hourly in Pediatric patient.
- Restraint administration form must be documented.

51. <u>How pain is managed at your hospital? Do patient and family get educated about pain management techniques and is being documented?</u>

Answer:

- Patient having pain as predominant symptom will be assessed and managed appropriately for pain.
- Initial assessment for pain for all patients to be done after admission by the staff nurse during complete admission assessment.
- Reassessment to be done by nursing staff on daily basis and score to be documented.
- Post-operative pain assessment to be done by Resident doctor.

<u>Following are reviewed for assessing pain</u>:

- Pain location
- Duration
- Quality
- Character
- Relieving factors
- Whether it affects daily routine
- Whether it affects sleep
- Most likely causes of pain
- Pain is managed by NSAIDs and Opioids & patient must be educated and counselled about pain.
- **To assess the intensity of pain, following scales are being used :**
  - Wong Baker pain scale - Adults & children > 7 years
  - FLACC scale (Face, Legs, Activity, Cry, Consolability)–Children (3 month to 7 Year)
  - NIPS scale (Neonatal & Infant Pain Scale) - infants < 3 months
  - BPS Scale (Behavioural Pain Scale) – Unconscious patient

52. <u>How pain is reassessed?</u>

Answer:

- Reassessment of the pain is done daily by the doctor/nursing staff at every 6 hourly and document it in the pain management chart.

- When the patient complaints the pain, reassessment of pain should be done within two hour or as per doctor's instruction until the intensity of pain rating is 0 or at an acceptable level according to the patient.
- For unconscious patients, pain reassessment should be conducted every 2 hours using the BPS Scale (Behavioral Pain Scale)

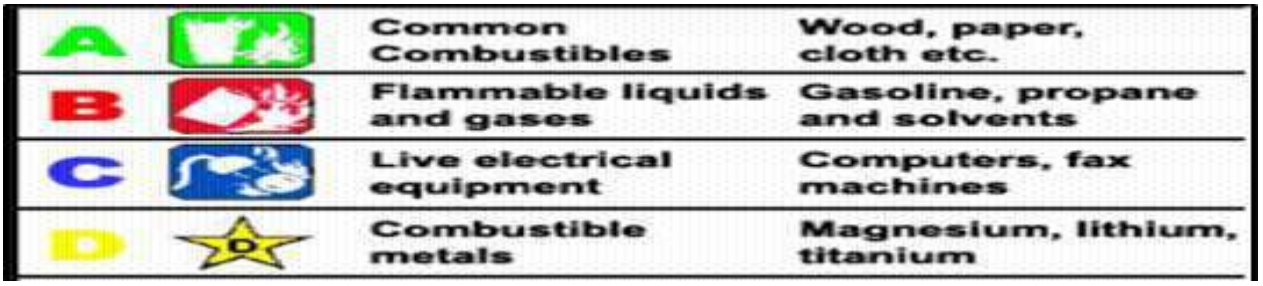
53. <u>What is end of life care?</u>

Answer:

When patient is not dead but is on verge of death and about to die at that time we give end of life care which includes following things.

1. Respect the dignity of patient & Be sensitive and respectful to the patient's and family's wishes
2. Provide palliative care and guide for home health care.
3. Manage psychological, social, and spiritual/religious problems
4. Offer continuity of care and also respect the right to refuse treatment
5. Respect the Consultant's professional responsibility to discontinue some treatments when appropriate, with consideration of both patient and family preferences.
6. If Patient or relative wants to donate the organ after death, guide and assist for the same.

54. <u>How many types of fire extinguishers are used? Specify for which type of fire each to be used.</u>



A	Common Combustibles	Wood, paper, cloth etc.
B	Flammable liquids and gases	Gasoline, propane and solvents
C	Live electrical equipment	Computers, fax machines
D	Combustible metals	Magnesium, lithium, titanium

Fire Extinguisher Types

Extinguisher		Type of Fire					
Colour	Type	Solids (wood, paper, cloth, etc)	Flammable Liquids	Flammable Gasses	Electrical Equipment	Cooking Oils & Fats	Special Notes
	Water	✓ Yes	✗ No	✗ No	✗ No	✗ No	Dangerous if used on 'liquid fires' or live electricity.
	Foam	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes	Not practical for home use.
	Dry Powder	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	Safe use up to 1000v.
	Carbon Dioxide (CO2)	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes	Safe on high and low voltages.

MANAGEMENT OF MEDICATION (MOM)

55. Storage of Medicines: -

Answer:

- High Risk Medication – Red color
- Narcotics- Blue color
- Look alike- Yellow color
- Sound alike – Green color
- High Concentrated Electrolytes- Pink color

56. What is medication recall?

Answer:

- In case of any defect in the quality of medicines and surgical items, the nurse reports it to the duty pharmacist.
- Immediately all the wards and departments are informed telephonically by the pharmacist to check their stocks and they are informed as to stop using the particular item.
- Pharmacist checks and recalls defective drugs, storing them until disposal.
- Actions taken are recorded on the recall record, and all relevant parties are informed.

57. Before administer the medications, what should be verified by nursing staff ?

Answer:

- Patient identity (using at least two identifiers).
- Medication order (treatment sheet).
- Appearance of medication, expiry date, and completeness of parameters.
- Applicable site of administration for high-risk medication.
- Double verification for high-risk drugs, avoiding tubing misconnections.

58. What measures should we take to avoid catheter and tubing mis-connections?

Answer:

- Prevent catheter and tubing mis-connections by verifying connections, positioning tubes apart, and tracing all lines before administration.

59. Is institute allowed for self- administration of medication?

Answer:

- It is the hospitals policy not to allow self-administration of medicine by the patients.
- In case of acute long standing diseases such as Diabetes where the patient is on self-administered medicine etc. this should be brought to the notice of the treating consultant and on his / her reassessment patient's treatment will be modified or carried out by the health care providers.

- If a patient is on long term drug therapy (oral) his / her continuing the drug in the hospital, will be decided by the concerned consultant.

60. <u>What should be monitored in Patients after High Risk medication?</u>

Answer:

CATEGORY OF MEDICINE	MONITORING REQUIRED
SEDATIVE	- Changes in heartbeat - Agitation - Fever - Shivering - Severe muscle stiffness or twitching - Loss of coordination - Nausea, vomiting, or diarrhea - Weakness or dizziness - Seizures - Hives - Rash - Itching - Difficulty breathing or swallowing - drowsiness
ANESTHETIC	- Allergic reaction - Agitation - Irregular breathing patterns - Uncontrollable rapid eye movements - Unusual or involuntary muscle movements or muscle tremor - Seizures - Dysphagia - Pain, swelling or redness at the injection site - Blurred vision - Instability of blood pressure, respiration, and heart rate - Coughing - Dizziness - Drowsiness - Headache - Low blood pressure(children) - Nausea, Vomiting - Pain during injection
ANALGESIC	- Patient's live function, Blood pressure, Respiratory system - Headache - Muscle tightness - Heartburn or indigestion. - Signs of bleeding

	˅ Signs of thrombosis **Monitoring during Heparin Therapy** ˅ Monitor APTT and platelets ˅ Monitor for signs of bleeding and for subtle signs of bleeding, including shortness of breath, headache, decrease in blood pressure, weakness, and dizziness.
ANTI COAGULANT	˅ Hematuria ˅ Hematoma ˅ Hemoglobin decrease of > 2 grams per deciliter (g/dl) or total hemoglobin of < 8 g/dL ˅ Platelets less than 100000/mm3, a decrease of 50000/mm3 or a decrease of 50% of baseline. **Monitoring during Warfarin:** ˅ Hemoglobin ˅ PT INR
ANTI ARRYTHMIC	˅ Heart rate and rhythm ˅ Hypotension ˅ QT prolongation ˅ GI upset, constipation ˅ Serum electrolytes especially potassium, magnesium, and calcium ˅ Serum creatinine as patients with compromised kidney function are at risk for digoxin toxicity.
ANTI DIABETIC	˅ Monitor blood glucose carefully and respond promptly to results
HYPOKALEMIA	˅ Abdominal pain Muscle weakness ˅ Bradycardia Respiratory distress ˅ Nausea and vomiting, Diarrhea ˅ ECG changes ˅ Renal function tests ˅ Electrolyte levels for both potassium and magnesium
ANTI-ANXIETY	˅ Allergic reactions ˅ Swelling of the mouth, face, lips, or tongue ˅ Agitation ˅ Irregular breathing patterns, slow or difficult breathing ˅ Unusual or involuntary muscle movements or muscle tremor ˅ Seizures ˅ Pain, swelling, or redness at the injection site ˅ Blood pressure, respirations, and heart rate ˅ Coughing

	˅ Dizziness ˅ Drowsiness ˅ Nausea, vomiting

61. <u>What Invasive Procedures need to be frequently monitored by nursing staff?</u>

Answer:

CATEGORY OF MEDICINE	MONITORING REQUIRED	FREQUENCY OF MONITORING
CATH PROCEDURES	˅ Local Site:- (Hematoma / Bleeding /Swelling / Redness / Normal) ˅ Vital Sign ˅ Distal Pulse ˅ Monitor the urine output Monitor for any dye allergic reaction	˅ Monitor after 15 Minutes, 1 hour ˅ of the cath procedure, and after ˅ that it should be continued every ˅ 2 hourly up to 24 hours of cath procedure or as per the doctor's advice.
ARTERIAL LINE / CVP LINE	˅ Dressing ˅ Local Site ˅ Watch for sign of infection ˅ Watch for vitals ˅ Watch for hematoma and thrombosis. ˅ Monitor for bleeding ˅ Monitor for waveform of arterial line ˅ Monitor for air embolism ˅ Monitor CVP pressure/Arterial Line Pressure ˅ Watch for emphysema ˅ Watch for dislodgement	˅ Monitor after 15 Minutes, 1 hour ˅ of the invasive procedure, and ˅ after that it should be continued ˅ every 2 hourly or as per the ˅ doctor's advice.
IABP	˅ Local Site ˅ Watch for distal pulse (DP, PT) ˅ Watch for hematoma, Air embolism, infection and bleeding. ˅ Monitor the indicator of helium gas. ˅ Monitor for augmentation pressure. ˅ Watch for urine output and blood pressure. ˅ Check the value of ACT and	˅ Monitor after 15 Minutes, 1 hour of the invasive procedure, and after that it should be continued every 2 hourly or as per the doctor's advice.

	platelets. ⌄ Immobilization of lower extremity. ⌄ Watch for dislodgement ⌄ Chest X-ray	
TEMPORARY PACEMAKER INSERTION	⌄ Local Site ⌄ Vital sign (mainly pulse rate) ⌄ Check for sensitivity, rate and output setting. ⌄ Check for extra pair of battery. ⌄ Check for infection and hematoma. ⌄ Check for ECG rhythm. ⌄ Check for circuit connection. ⌄ Watch for hiccups and giddiness. ⌄ Immobilization of lower extremity. ⌄ Watch for dislodgement	⌄ Monitor after 15 Minutes, 1 hour of the invasive procedure, and after that it should be continued every 2 hourly or as per the doctor's advice.
TRACHEOSTOMY	⌄ Check for redness, oozing, bleeding and sign of infection. ⌄ Every day dressing. ⌄ Maintain airway clearance. ⌄ Confirm position by X-ray. ⌄ Watch for dislodgement. Watch for cuff pressure for Adult Patient	⌄ Monitor after 15 Minutes, 1 hour of the invasive procedure, and after that it should be continued every 2 hourly or as per the doctor's advice.

62. <u>What should be monitored in Patients after invasive procedure?</u>

Answer:

CATEGORY OF MEDICINE	MONITORING REQUIRED
ARTERIAL LINE/ CVP/ FEMORAL LINE	⌄ Dressing ⌄ Local site ⌄ Watch for sign of infection ⌄ Watch for vitals ⌄ Watch for hematoma and thrombosis ⌄ Monitor for bleeding ⌄ Monitor for waveform of arterial line ⌄ Monitor for air embolism ⌄ Monitor CVP pressure ⌄ Watch for emphysema

	⌄ Watch for dislodgement
I/V LINE	⌄ Watch for phlebitis, infiltration, extravasation and infection. ⌄ Change cannula in 72-96 hours. ⌄ Watch for dislodgement ⌄ Dressing ⌄ Local site
IABP	⌄ Local site ⌄ Watch for distal pulse (DP, PT) ⌄ Watch for hematoma, Air embolism, infection and bleeding. ⌄ Monitor the indicator of helium gas. ⌄ Monitor for augmentation pressure. ⌄ Watch for urine output and blood pressure. ⌄ Check the value of ACT and platelets. ⌄ Immobilization of lower extremity. ⌄ Watch for dislodgement ⌄ Chest X-ray
PACEMAKER	⌄ Local Site ⌄ Vital sign (mainly pulse rate) ⌄ Check for sensitivity, rate and output setting. ⌄ Check for extra pair of battery. ⌄ Check for infection and hematoma. ⌄ Check for ECG rhythm. ⌄ Check for circuit connection. ⌄ Watch for hiccups and giddiness. ⌄ Immobilization of lower extremity. ⌄ Watch for dislodgement.
PD CATHETER	⌄ Vital sign (mainly BP) ⌄ Check for urine output. ⌄ Monitor abdominal girth. ⌄ Watch for infection, bleeding and hematoma. ⌄ Watch for color of output. ⌄ Watch for dislodgement. ⌄ Check for any kinking & obstruction.
ICD	⌄ Watch for bleeding and sign of infection. ⌄ Watch for column movement ⌄ Watch for amount of drainage and color. ⌄ Check for X-ray for placement and in case of hemthorax and pneumothorax. ⌄ Monitor for pain at the site of insertion site. ⌄ Check for air leak and emphysema. ⌄ Watch for dislodgement. ⌄ Check for any kinking & obstruction.

	˅ Maintain tube below the chest level.
ITUBATION	˅ Watch for cuff pressure through menometer. (20-25 of H2O) ˅ Head end side elevation to 35 to 45 degree. ˅ Check for placement of tube by assessing bi-lateral lung sound and by X- ray. ˅ Watch for ET blockage. ˅ Check vitals. ˅ Monitor breathing pattern. ˅ Check ABG parameters. ˅ Provide proper oral care. ˅ Maintain airway clearance. ˅ Watch for dislodgement ˅ Check for any kinking & obstruction
TRACHEOSTOMY/ SUCTIONING	˅ Check for redness, oozing, bleeding and sign of infection. ˅ Every day dressing. ˅ Maintain airway clearance. ˅ Confirm position by X-ray. ˅ Watch for dislodgement.
RYLE'S TUBE	˅ Check for placement of tube before feeding. ˅ Check for blockage ˅ Check for aspiration (if 50% of previous feed than withhold). ˅ Check the aspiration color and amount. ˅ Head elevation 30 to 45 degree while while feeding. ˅ Proper fixation/proper position. ˅ Watch for dislodgement. ˅ Check for any kinking &obstruction
URINARY CATHETER	˅ Check for placement of catheter ˅ Fixation of catheter on thigh. ˅ Watch for color, amount of urine output. ˅ Watch for infection, bleeding and sediments. ˅ Check for any kinking 7 obstruction. ˅ Maintain tube below the chest level ˅ Skin cleanliness ˅ dressing

63. <u>What is hospital Formulary?</u>

Answer:

Drug Formulary is the list of medicines and implants products used to treat cardiac patient at UNMICRC.

64. What is the procedure for verbal order?

Answer:

Verbal orders are accepted only when necessary, and the process involves identification, documentation, reading back the order, and countersigning by the treating consultant.

Process for giving verbal or telephonic orders:

- The treating consultant/ Resident doctor will call up the concerned Medical Officer/ treating nursing staff at concerned department of the hospital.
- The treating consultant/Resident doctor identifies and specifies the patient's name and patient unique identification number for which the verbal order is being taken and communicates the order.
- The receiver will document the order immediately on the progress note/treatment sheet including the date, time and the consultant name. The receiver of the verbal order writes Verbal Order or Telephonic order above the prescription, mention the name and status and signs the order.
- The Receiver should read back the order to the treating consultant including the patient's name, Unique identification number, drug name and spelling of the drug to avoid an error due to sound alike drugs, dosage, pronouncing it in single digits (e.g. 15 mg should be read as one five), route, frequency (e.g. three times daily, not TID)
- The Receiver should also request the indication for the medication to assist in avoiding errors.
- The treating consultant must countersign the order as soon as possible or within 24 hours after communicating the order.

65. How medicines are stored?

Answer:

- Medicines are stored alphabetically, following the first in first out (FIFO) system. Surgical items are stored based on the Fast Moving, Slow Moving, and Non-Moving (FSN) system.
- Minimum level for one and half month and maximum level for two month is maintained considering the usage of last six month.

66. What should we do to improve the safety of High Alert Medication while storage?

Answer:

1. All medications are kept under lock
2. High Alert Medication stickers are placed on the medicines
3. Narcotic Medications are kept under double lock and keys with two different staff.
4. LASA medications are stored separately

67. What are the procedures to be followed to use Narcotic Drug?

Answer:

- All narcotic drugs are kept in double lock & key.
- The prescription form (Form 3E) is filled by the prescribing doctor at patient care areas and are submitted to the central pharmacy store.

- Narcotic drugs usage record is maintained & documented in Narcotic stock book of respective store.
- The used empty vials/ampoules for narcotic drugs are returned from patient care areas to the central store which are duly checked by the pharmacist and record for the same are duly signed by pharmacist in empty vial register. These empty vials are then packed and disposal is done according to BMW disposal guidelines.
- The compiled central register of daily usage from all wards is maintained in pharmacy store. This record is also maintained in Form 3H for daily usage.

68. <u>At which temperature medicines are stored in refrigerator?</u>

Answer:

- The Medicines are stored in refrigerator requires cooling (2 to 8 °C).

69. <u>What are the Principles of Safe Medications?</u>

Answer:

1. Right Patient	6. Right Route
2. Right Medication	7. Right to Refuse
3. Right Dose	8. Right Assessment
4. Right Time	9.Right Evaluation
5. Right Education	10.Right Documentation

70. <u>What are the precautions taken for High risk medication?</u>

Answer:

- All look alike and sound alike medicines are considered as high risk medicines which are stored separately to avoid errors and are labelled properly.
- All narcotics are also considered as high risk medicines and are stored in double lock and key.
- There are certain other medicines like insulin, heparin, anticoagulants, etc. are considered as high risk.
- All the high risk medicines must be double verified before dispensing or before administration and the verification shall be done by doctor as well as double verification done by nurse and documented.

71. <u>What is medicine reconciliation?</u>

Answer:

- The purpose is to ensure that the list of medication that a patient is to receive is complete and up to date in relation to past clinical conditions and present care plan.
- The prescribed medicine shall be checked for accuracy at the transition points, such as the time of admission, transfer of the patient from one ward to another, or at the time of discharge.
- There is a system for effective communication during handover regarding reconciliation of medications.

- Detailed drug history of patient's medicines at home need to be taken in OPD, Emergency & at the time of hospitalization.
- Name, Dose, Frequency and duration of the drug & Time of last dose taken need to be clearly documented in the history sheet (as mentioned below). This information needs to be taken into consideration while generating the prescription.
- Similarly, at the time of discharge, clear instructions need to be given regarding which medicines are to be continued and which medicines are to be stopped.
- All prescriptions (OPD, Indoor, Transfer and Discharge) must contain a line that Home Medicines are reviewed and reconciled.

72. <u>What is Adverse Drug Event?</u>

Answer:

Adverse Drug Event can be defined as "Any untoward medical occurrence that may present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment."

73. <u>What is adverse drug reaction (ADR)?</u>

Answer:

Adverse Drug Reaction can be defined as "A response to a drug which is unintended and which occurs at doses normally used for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function."

74. <u>What to do if an ADR occurred?</u>

Answer:

- Stop administration of the drug.
- Assess the patient.
- Implement adjustments in patient's treatment as ordered.
- If any allergic reaction has occurred in past history of patient should be mentioned.
- Document the description of the Adverse Drug Reaction in Adverse Drug Reaction Form, categorize subsequently, and monitor in the progress record.

75. <u>What are the Levels of ADR?</u>

Answer:

- Level 1: ADR occurred but required no change in treatment.
- Level 2: Drug held, discontinued or changed but no additional treatment required.
- Level 3: Drug held, discontinued or changed and/or additional treatment required.
- Level 4: ADR required patient transfer to ICU
- Level 5: ADR caused permanent harm to patient
- Level 6: ADR directly or indirectly led to patient death.

76. <u>Define near miss and no harm.</u>

Answer:

- **Near Miss: -** It is an unplanned event that did not result in injury, illness, or damage but had the potential to do so.

- **No harm-** No harm is defined as the error is not recognized and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur.

77. <u>What is sentinel events?</u>

Answer:

A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or **major and enduring loss** of function for a recipient of healthcare services.

(Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.)

78. <u>What is medication error?</u>

Answer:

A medication error is defined by any preventable event, that may cause or lead to inappropriate medication use or patient harm or which has the risk of being administered in a manner different from the prescribed norms while the medication is in the control of the Health Care Professional.

79. <u>Enlist types of medication error.</u>

Answer:

- Prescription error
- Transcription error
- Indenting/requisition error
- Dispensing error
- Administration error
- Documentation Error

80. <u>Which medicines are considered as High Risk Medication?</u>

Answer:

- Narcotic drugs
- Anesthetic Agents
- Opioids Analgesic
- Anticoagulants
- Antiarrhythmic
- All Type of Insulin
- Drugs acting on Nervous system
- Investigational Medication (Iohexol)

81. <u>What is the procedure for near expiry medicine & consumables?</u>

Answer:

Near expiry drug of consumables within 3 months of expiry date shall be sent back to pharmacy with return requisition.

82. <u>What Is Minimum Requirements of OPD Prescription/Indoor Patient Treatment Sheet?</u>

Answer:

- Name of patient
- Unique Identification Number
- Name of Drug, Dose, Frequency of administration of medicine, Duration, Route, Instruction
- Name, Signature and Registration number of the prescribing doctor
- All hand written medication shall be written in capital letters only
- In case of addition or deletions in medication order are considered with a single strike.
- Modification in the medication order in the existing order for a particular drug that modification of medication must be printed out in a next day treatment sheet.
- Date and time of prescription written

83. <u>Monitoring of patients in the out-patient department shall be required after the following Medication Administration</u>

Answer:

- INJ. PENIDURE
- INJ. Heparin
- INJ. DOBUTAMINE
- SYP. PEDICLORYL
- Nursing staff monitor the patient after 30 minutes following the medication administration or as per the doctor's advice.

84. <u>Monitoring of patients in the out-patient department shall be required after the following Procedure: -</u>

Answer:

- Dobutamine Stress ECHO
- Resuturing
- Wire Removal
- ICD Repositioning
- Debridement
- Myocardial Perfusion Imaging

- Nursing staff monitor the patient after 30 minutes following the completion of procedure or as per the doctor's advice, except in the nuclear medicine department, where nursing staff should monitor the patient hourly.

85. Turn Around Time of Nursing Service

Sr. No.	Services	Assignment	TAT
1	**Nursing Assessment**	Ward	Within 1 hour
		ICCU	Within 15 mins
2	**Shift to OT/Cath**	Pre-Op Patient	Within 30 mins
3	**Blood transfusion after receiving from blood center**	Check, Warm	After receiving 30 to 45 min it should be started and within 3 to 4 hour it should be completed
4	**Any procedure to be perform**	Removal TLC, U Cath, EJV,ICD, PD Cath, etc.	Within 20 mins
5	**Preparation for any procedure**	TLC, U Cath, Tracheostomy, Tapping, Arterial line, ICD, PD cath, Femoral Sheath etc.	Within 05 mins

86. Standardized timeframe of Medication Administration: -

Medication Administration for Critical Area					
Sr. No	**Services**	**Frequency**	**Timing of Medicine Administration**	**Medicine should be administered within**	**TAT**
1	**Medication Administration**	OD	10:00 AM	9:50 AM to 10:10 AM	10 minutes before or after scheduled dosing time (Window Period 20 Mins)
		BD	10:00 AM & 10:00 PM	9:50 AM to 10:10 AM, 9:50 PM to 10:10 PM	
		TDS	6:00 AM, 2:00 PM, & 10:00 PM	5:50 AM to 6:10 AM, 1:50 PM to 2:10 PM, 9:50 PM to 10:10 PM	
		QDS	6:00 AM, 12:00 PM, 6:00 PM, 12:00 AM	5:50 AM to 6:10 AM, 11:50 AM to 12:10 PM, 5:50 PM to 6:10 PM, 11:50 PM to 12:10 AM	
		HS	10:00 PM	9:50 PM to 10:10 PM	
Medication Administration for Non- Critical Area					
Sr. No.	**Services**	**Frequency**	**Timing of Medicine Administration**	**Medicine should be administered within**	**TAT**
2	**Medication Administration**	OD	10:00 AM	9:30 AM to 10:30 AM	30 minutes before or after scheduled dosing
		BDS	10:00 AM & 10:00 PM	9:30 AM to 10:30 AM, 9:30 PM to 10:30 PM	
		TDS	6:00 AM, 2:00 PM, & 10:00 PM	5:30 AM to 6:30 AM, 1:30 PM to 2:30 PM, 9:30 PM to 10:30 PM	

		QDS	6:00 AM, 12:00 PM, 6:00 PM, 12:00 AM	5:30 AM to 6:30 AM, 11:30 AM to 12:30 PM, 5:30 PM to 6:30 PM, 11:30 PM to 12:30 AM	time (Window Period 60 Mins)
		HS	10:00 PM	9:30 PM to 10:30 PM	
High Risk Medication Administration					
Sr. No.	**Services**	**Frequency**	**Timing of Medicine Administration**	**Medicine should be administered within**	**TAT**
3	**High Risk Medication Administration**	OD	10:00 AM	9:55 AM to 10:05 AM	05 minutes before or after scheduled dosing time (Window Period 10 Mins)
		ODPC	2:00 PM	1:55 PM to 2:05 PM	
		BDS	10:00 AM & 10:00 PM	9:55 AM to 10:05 AM, 9:55 PM to 10:05 PM	
		TDS	6:00 AM, 2:00 PM, & 10:00 PM	5:55 AM to 6:05 AM, 1:55 PM to 2:05 PM, 9:55 PM to 10:05 PM	
		QDS	6:00 AM, 12:00 PM, 6:00 PM, 12:00 AM	5:55 AM to 6:05 AM, 11:55 AM to 12:05 PM, 5:55 PM to 6:05 PM, 11:55 PM to 12:05 AM	
		HS	10:00 PM	9:55 PM to 10:05 PM	
STAT Medication Administration					
1	**Medication Administration**	**STAT**	-	-	Immediately or Within 05 minutes from the time of the order

PATIENT RIGHTS & EDUCATION (PRE)

87. List out patient's rights and responsibilities.

Answer:

Patient Rights	Patient Responsibility
Accessibility and Availability	
✓ To be provided with appropriate and professional healthcare regardless of age, gender, race, religion, nationality, social status, any special needs or source of payment ✓ To be provided care at the time of emergency. ✓ To access own clinical records ✓ To be given treatment in a safe environment and receive emotional support which may include minimal separation from family within the limits of medical care provided.	✓ To follow the treatment plan advised by your care provider ✓ To provide contact details of at least one relative who can be approached in case of emergency
Information Exchange	
✓ To be entitled to information about your medical condition, treatment, possible results in a language that you understand (where possible) so as to make informed decisions ✓ To know about plan of care ✓ To avail information about the possible risks, side effects and alternative methods of treatment ✓ To know the names of the healthcare professionals responsible for your treatment and care	✓ To provide accurate and complete information about your present medical condition including any past illnesses, hospitalization, medications and other relevant details in order to receive appropriate and safe medical treatment ✓ To provide correct demographic and general information ✓ To give correct details regarding any past illnesses ✓ To provide information about any known allergy ✓ To give honest update on health status during course of treatment
Involvement in Decision Making	
✓ To be actively involved in decisions involving your medical condition and proposed treatment	✓ To understand that any discontinuation in treatment advised by your care provider or leaving against medical advice would be at your own risk
Respect, Dignity and Consideration	

˅ To receive respect for religious beliefs or spiritual or cultural needs without affecting treatment, other patients and in accordance to the hospital policy. ˅ To refuse a treatment.	˅ To behave in a polite and respectful manner to other patients, hospital staff and doctors
Personal and information privacy & Confidentiality	
˅ To be provided with suitable privacy for undergoing examination, certain procedures and treatment ˅ To keep confidentiality and privacy of your medical and non-medical information and all aspects of care rendered. ˅ To provide sensitive and/or confidential information to patient and the next of kin if desired by the patient. In the case of minors (one of the parents/guardian).	˅ To understand that though the confidentiality of records will be maintained, authorized statutory bodies, insurance companies or your payer would be allowed to view your records
Treatment Cost	
˅ To be entitled to financial counseling and an estimate of your hospital bill at the time of your admission ˅ To get information of day to day bills in accordance to the hospital policy ˅ To get detailed bill at the time of discharge	˅ To provide Scheme related document/Insurance details at the time of admission ˅ To know day to day billing and to make timely payments ˅ To make deposit as per hospital policy
Complain and feedback	
˅ To register complaint and receive information on your complaint processing	˅ To provide your valuable feedback and suggestions
Security	
˅ To be protected from abuse, neglect, assault, harassment, unnecessary use of restraint, manhandling and other similar instances	˅ To take care of your valuables and belongings ˅ Not to damage hospital property and to comply with hospital policies (e.g. no smoking, no tobacco chewing, no spitting, maintaining silence etc.)
Consent	
˅ To give consent or refuse medical care or recommended treatment to the extent permitted by law ˅ To seek an additional opinion regarding the clinical care from within or outside the hospital ˅ To be informed about any research activity and to refuse to be a part of the study	˅ To report whether you clearly understand the instructions given by your care provider ˅ To ask for additional information or clarification if you do not understand any instruction

88. <u>What can be considered as violation of patient rights?</u>

Answer:

The violence of patient right's may include the following but not limited to:-

- Care recession including deprivation of the care givers presence and the delay /lack of needed response.
- Being disrespected including humility and aggression
- Altering, falsifying, miss –statement of facts or making a material omission on any patient chart /patient record
- Disclosure of confidential information to pertaining to patient
- Soliciting tips, gifts or other gratuities or favors from patient /their families or accepting gifts
- Unauthorized person gains access to patient's health information without patient consent
- Expose the patient report regarding communicable disease
- Disrespect to the religious and cultural needs

89. <u>How will you capture violation of patient rights?</u>

Answer:

Violation of patient rights shall be recorded through complaint/feedback mechanism. Patient Feedback form is used as a tool to capture violation of patient rights and are monitored, analyzed and corrective / preventive measures shall be taken by the in charge of concerned department and grievance redresser committee.

90. <u>Who can give consent?</u>

Answer:

Consent is to be given by :-

- When the patient is capable of giving consent & above the legal age of giving consent, No one can consent on behalf of a competent adult.
- The patient, unless he or she is a minor or unconscious or not in a condition to give consent informed decision making, consent shall be obtained from next of kin/ parent/guardian, as per law of the land
- In situations when there is no consensus amongst children of the patient, they are asked to nominate one of their siblings in writing with signatures of two witnesses. The informed consent is obtained from the nominated person.
- In case of unidentified patient in unconscious condition, EPR (Emergency Preservation and Resuscitation) should be done and consultant shall take a decision in life threatening circumstances.
- In life threatening situation, where no next of kin is available then EPR (Emergency Preservation and Resuscitation) should be done and consultant shall take decision for the procedures that needs to be done.

91. <u>Who can take consent?</u>

Answer:

Consent is to be taken by:-

The treating consultant/ team member of the treating consultant can take informed consent from the patients/patient's relative, explaining the nature of the intervention and possible risks involved.

92. <u>List out the topics on which you can provide Patient education.</u>

Answer:

- Education about treatment plan and expected outcome at regular interval including possible complications.
- Hospital shall ensure that Care plan is prepared and modified in consultation with patient and/or family members. The religious, cultural and spiritual views of the patient and/or family shall be taken into consideration while preparing or modifying plan of care.
- Education about the result of diagnostic tests and diagnosis.
- Education about change in condition including improvement, deterioration or occurrence of complications.
- Education about procedure/surgery, its risk, benefits and alternatives.
- Education about Safe and effective use of medication and the potential side effects of the medication.
- Education about food drug interaction
- Education about diet and nutrition
- Education about immunizations
- Education about their specific disease process, complications, prevention strategies and preventing infections including lifestyle modifications (Stress management , physical exercise, cessation of smoking and substance abuse), diet changes, immunization where appropriate through booklets/ videos/leaflets.
- Education about hand washing, other techniques and avoiding overcrowding near the patient to prevent Healthcare associated infection.
- Special educational needs are identified and provide through the patient counselling, use of printed material and videos.
- Patient and relative are clearly explained in understandable language and format about their Care.
- Counselling about condition of critically ill patients, long-stay patients to family members by treating doctor/physiotherapist/nurse.

93. <u>Where is the tariff list available if patient wants to refer?</u>

Answer:

Registration Counter (Both – OPD/IPD & EMCS), Reception Counter and “May I help you” Desk.

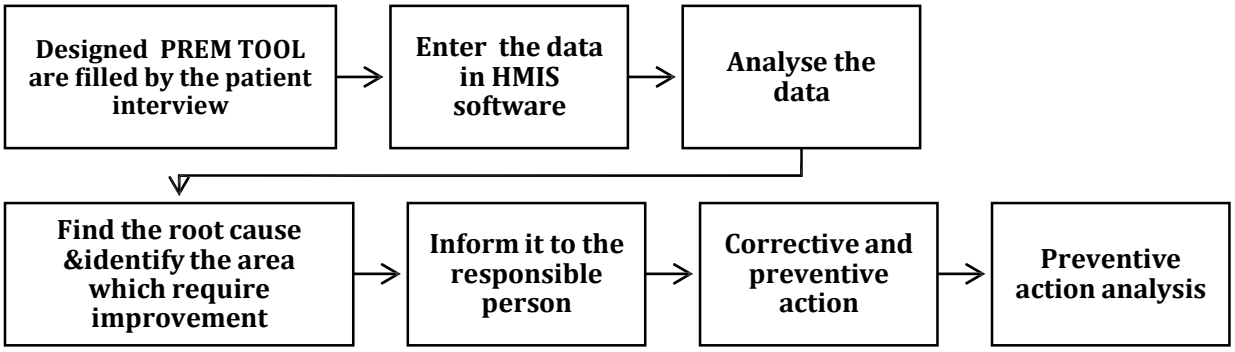
94. <u>What is Patient Reports Experience Measures (PREM)?</u>

Answer:

Along with the patient feedback, the organization also captures a patient's perception of their experience with health care or service by using patient reported experience measure tool.

Patient Reported Experience Measures:-

- The organization measures the patient's experience of their relationship to treatment by using Patient Reported Experience Measure tool.
- Management shall review the analysis report of patient reported outcome measure at least once in a month with clear action points and responsibility of implementation of it.
- Following dimensions of patients' experience are capture:-
  - Information & Education
  - Coordination of care
  - Physical Comfort
  - Emotional Comfort
  - Respect patient preference
  - Involvement of family and friends
  - Continuity and transition
  - Overall impression



95. <u>How patient complaints are addressed?</u>

Answer:

- By approaching any member of the healthcare team who is involved in their care.
- By appointing person for grievance redressal procedure
- By providing a contact number to register their compliant.
- By filling up the feedback form and hand it over at concern department.
- By approaching complaint/suggestion box available in departments.
- Regular rounds by hospital authority to patient.
- By contacting hospital control room number.
- By mail to the hospital's official mail ID.

96. <u>Time Frame for Complaint Analysis:</u>

Answer:

Type	Description
Immediate Response	Any complaints which require immediate attention (like safety concerns) will be addressed within 24 hours of receipt.
Minor Complaints	Complaints that aren't urgent in nature will be acknowledged within 48 hours and will be addressed within a week.
Major Complaints	Issues requiring thorough investigation or intervention of higher authorities will be acknowledged within 72 hours. Resolution or an action plan will be provided within 15 days.
Analysis of Feedback (IPD & OPD)	Feedback forms, whether positive or negative, will be reviewed monthly, and action points, if necessary, will be addressed in the subsequent month.
Review of Control Room call/feedback	Every day in the administrative meeting, control room feedback and calls are reviewed. Actions are taken based on the nature of the complaint.
Periodic Review	All complaints, their resolutions, and any preventive measures taken will be reviewed quarterly by the Grievance Redresser Committee to ensure continual improvement.

HOSPITAL INFECTION CONTROL (HIC)

97. How to segregate Bio Medical Waste?

Answer:

Category	Type of Waste
Yellow	(a) Human Anatomical Waste • Human tissues • Organs • Body parts • Fetus below the viability • period
	(b)Animal Anatomical Waste • Experimental animal carcasses • Body parts • Organs • Tissues • Waste generated from animals used in experiments or testing in veterinary hospitals or colleges or animal houses.
	(c) Soiled Waste • Items contaminated with blood, body fluids like dressings • Plaster casts • Cotton swabs • Bags containing residual or discarded blood and blood components
	(d) Expired or Discarded Medicines • Pharmaceutical waste like antibiotics • Cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.
	(e) Chemical Waste • Chemicals used in production of biological • Used or discarded disinfectants.
	(f) Chemical Liquid Waste • Liquid waste generated due to use of chemicals in production of biological • Used or discarded disinfectants • Silver X-ray film developing • liquid • Discarded Formalin • Infected secretions • Aspirated body fluids • Liquid from laboratories -Floor washings, cleaning, house-keeping and disinfecting activities etc.
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid, routine mask and gown.

	(h) Microbiology, Biotechnology and other clinical laboratory waste • Blood bags • Laboratory cultures • Stocks or specimens of microorganisms • Live or attenuated vaccines • Human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures
Red	Contaminated Waste (Recyclable) • Tubing • IV bottles • IV tubes and sets • Catheters • Urine bags • Syringes • Vacutainers with their needles cut • Gloves
White translucent	Waste sharps including metals (both used, discarded and contaminated) • Needles • Syringes with fixed needles, needles from needle tip cutter or burner ˅ Scalpel ˅ Blades Any other contaminated sharp object that may cause puncture and cuts
Blue	(a) Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes.
	(b) Metallic body implants

98. <u>Seven Steps of Hand washing?</u>

1. Step 1: Palm to palm
2. Step 2: Right palm over left dorsum and left palm over right dorsum (Back of the palms)
3. Step 3: Palm to palm with fingers interlaced
4. Step 4: Backs of fingers to opposing palms with fingers interlocked
5. Step 5: Rotational rubbing of right thumb clasped in left palm and vice versa
6. Step 6: Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
7. Step 7: Rotational rubbing of wrist

NOTE:

Time of duration for Social hand wash: Wash: 2-3minutes with 7 steps technique

Time of duration for Hand Rub: Rub: 20-30 seconds with 7 steps technique

Time of duration for Surgical Hand Hygiene Scrub: First scrub of the day- 5 min Subsequent scrub-3 min

99. <u>What to do in case of Blood/Mercury Spillage?</u>

Answer:

Blood and Body Fluid Spillage Management

- Wear appropriate PPEs (cap, mask, clean glove, and apron) before spillage management.
- Cover the spillage with absorbent material (tissue paper/wastage cloth).
- Carefully pour freshly prepared 1% sodium hypochlorite on tissue paper.
- Allow 20 minutes exposure time with disinfectant.
- Pickup tissue paper with gloved hand and place in yellow bin.
- Again mop with 1% sodium hypochlorite.
- Removes gloves, mutilate & discard in red bin & wash hands then remove goggle, gown, cap, mask & do hand wash again.

Note: Do not use hypochlorite solution directly, if urine and vomit spillage. First clean with wastage cloth/ tissue paper then disinfect with 1% sodium hypochlorite Acid in this substance may generate chlorine gas.

Mercury Spillage management

- Do not touch mercury with bare hands
- Remove jewelry
- Wear protective gloves
- Get a scotch tape
- A 10 CC syringe without needle and ready 3/4 water containing plastic bottle
- Flash torch on mercury
- Gather the mercury with card board
- Suck the mercury with 10 CC syringe without needle
- Pour the contain of the syringe in plastic bottle containing water
- Seal the bottle with scotch tape and send it to bio medical store

Note: Mercury should be collected in bottle containing water to prevent vaporization.

100. Chemical Spillage management

Answer:

- On duty senior personnel of the department or nursing in charge will cordon off the area to prevent exposure and contamination.
- They shall immediately notify the on duty chief housekeeping supervisor for chemical spills.
- After receiving notification, the on-duty housekeeping supervisor takes charge of the situation and shall identify the type of chemical spillage. If require, on duty housekeeping supervisor shall refer to the MSDS for specific handling information.
  (* Note: The on duty housekeeping supervisor will assess the need for evacuation and, coordinate with the control room if necessary.)
- On duty housekeeping personnel wear PPE and utilize the spill kits as per the nature of the chemical.
- On duty housekeeping personnel perform the spill control by using absorbent materials. Absorb the chemical spill with paper towels or other inert material.
- Take up spillage with absorbent, inert material and use appropriate neutralizer/dilute with water and mop up that area.
- Discard the waste/absorbent material in an appropriate waste disposal container as per the BMW guideline.
- Clean the area observing environmental requirements.
- Remove PPE and discard it as per BMW guideline.
- Refill the spillage kit
- **In case of the following chemicals are spilled, chemical spillage protocol should be followed**

S.N.	List of Chemical
1	ANESTHETIC ETHER
2	BARIUM SUSPENSION
3	CITRO STERIL
4	HEMODIALYSIS SOLUTION
5	LIQ. FORMALDEHYDE
6	SODIUM HYPOCHLORITE

101. Procedure to be followed in case of needle stick injury.

Answer:

Do's

- Remove gloves, if appropriate
- Wash site thoroughly with running water with using antiseptic solution.
- Irrigate thoroughly with water or saline if splashes have gone into the eye or mouth.
- Immediate report to Infection Control Department.

Don't

- Do not panic
- Do not reflexly place finger into mouth
- Do not squeeze blood from wound, this causes trauma and inflammation, increasing risk of transmission
- Do not use bleach, alcohol, betadine, or iodine, which may be caustic trauma

Prevention of NSI

- Standard precautions
- Hand washing
- Covering cuts and abrasions
- Safe injection practice
- Immunization

Be Needle Smart

- Do not recap or re-use
- Do not bend
- Do not remove
- Do not transport

HEPATITIS B – THREE DOSE

Hepatitis B vaccination of all healthcare worker who are working in patient care area are vaccinated according to three dose schedule (0-1-6 month).

102. <u>What is the Procedure for soiled linen and infected linen?</u>

Answer:

All soiled linen should be packed in plain white plastic bag after soaking in 1% hypochlorite for 30 min.

- All infected linen should be packed in red dotted white plastic bag after soaking in 1% hypochlorite for 30 min.
- Soiled and infected Linen should be dispatched in closed trolley with the label of S.P.(standard precautions)

We have created centralized pre wash area at basement new building opposite to Bio Medical Waste Collection Area, so all the soiled linen will be treated with hypochlorite and then only will be sent to Laundry.

103. <u>When Hand Washing with soap and water should be done?</u>

Answer:

- While entering work place
- Your hands are visibly soil or dirty
- Hands are visibly contaminated with blood, body fluids, secretions and excretions
- Before and after drinking, eating and food contact
- After using rest room
- Before leaving work place

104. <u>When Hand washing by using alcohol-based hand rub should be done?</u>

Answer:

- Before having direct contact with patients
- Before entering and leaving isolation room
- Before taking care of susceptible patients
- Before performing any invasive procedures
- Before moving from a contaminated site to clean body site
- Before having contact with body fluids, wounds or broken skin
- Before wearing and after removing gloves
- Between contact with different patients
- After having direct contact with patient skin
- After touching equipment or furniture near the patients

105. What are the 5 moment of Hand Hygiene?

Answer:

1. Before touching patient
2. Before clean/aseptic procedure
3. After Blood/Body fluid exposure risk
4. After touching patient
5. After touching patient surrounding

106. <u>How to prevent needle stick injury?</u>

Answer:

Prevention of NSI

- Universal (or standard) precautions
- Hand washing
- Covering cuts and abrasions
- Safe injection practice
- Immunization
- Be Needle Smart
- Do not recap or re-use
- Do not bend
- Do not remove
- Do not transport

107. <u>What is standard precaution?</u>

Answer:

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.

108. <u>Describe the elements of standard precautions.</u>

Answer:

- Personal hygiene practices, particularly hand hygiene, aim to reduce the risk of contact transmission of infectious agents.
- The use of personal protective equipment.
- Safe Injection & Infusion Practices (i.e., aseptic Technique for parenteral

medications).

- Cleaning, disinfection and sterilization of patient care equipment.
- Environment cleaning
- Linen Management
- Practicing respiratory hygiene and cough etiquette reduces risk of transmission of infection.
- Isolation(Barrier Nursing) & Reverse Barrier Nursing
- Appropriate handling and disposal of sharps assists in preventing transmission of blood-borne diseases with pre & post exposure prophylaxis to healthcare workers.
- Spills management(Blood /body fluid & mercury)
- Bio-Medical Waste management

109. <u>What is Barrier Nursing (Isolation)?</u>

Answer:

Source Isolation (Barrier nursing) aims to confine the infectious agent and prevent itsspread from one patient to another.

110. <u>What is Reverse Barrier Nursing?</u>

Answer:

Protective Isolation (Reverse barrier nursing) aims to protect an immune-compromised patient who is at high risk of acquiring micro-organisms from either the environment or from other patients, staff or visitors.

111. How to prepare 1% Sodium Hypochlorite solution?

Answer:

Add one part of solution in four part of water.(800ml water+200 ml disinfectant)

112. What is Cleaning, Disinfection & Sterilization?

Answer:

- **CLEANING**: Cleaning is the removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products.
- **DISINFECTION:** Disinfection describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects.
- **STERILIZATION**: Sterilization describes a process that destroys or eliminates all forms of microbial life including bacterial spores.

113. Describe Transmission Based Precautions.

Answer:

- Transmission-based Precautions are designed for patients documented (confirmed) or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospital.

Transmission-based Precautions are to be used on an empiric, temporary basis until a diagnosis can be made; these empiric, temporary precautions are to be used in addition to Standard Precautions.

- There are three types of Transmission-based Precautions:

1. Airborne precautions
2. Droplet precautions
3. Contact precautions

114. What is Bundle care?

Answer:

Care "bundles" in infection prevention and safety are simple sets of evidence-based practices that, when implemented collectively, improve the reliability of their delivery and improve patient outcomes.

115. What are the recommended measures to reduce Hospital Associated Infection in various bundles?

Answer:

A. <u>CLABSI Bundle</u>

- Hand Hygiene
- Maximal Barrier Precautions
- Chlorhexidine skin preparation
- Optimal Site selection
- Daily review of line necessity
- "Scrub the Hub" with 70% alcohol every time before and after assessing hub

B. <u>CAUTI Bundle</u>

- Daily assessment of catheter need
- Catheter secured to patient
- Hand Hygiene
- Daily meatal hygiene with soap and water
- Drainage bag emptied using a clean container
- Unobstructed flow maintained

C. <u>VAP Bundle</u>

- Head of Bed elevation at 30® to 45®
- Daily sedation vacation and daily assessment of readiness to wean
- Subglotic secretion drainage
- Daily mouth care with chlorhexidine

116. What is HAI? Type of HAIs?

Answer:

HAI (Healthcare Associated Infection):

HAI is strictly and specifically an infection "not present or incubating prior to admissionto the hospital, but generally occurring 48 hours after admission."

Types of HAIs as quality indicator

- CAUTI –Catheter Associated Urinary Tract Infection
- VAP- Ventilator Associated Pneumoniae
- CLABSI- Central Lines Associated Blood Stream Infection
- SSI –Surgical Site Infection

117. What is safe injection/Infusion practice?

Answer:

Injection safety or safe injection practices are practices intended to prevent transmission of infectious diseases. Patients and healthcare providers must both insist on nothing less than "One Needle, One Syringe, and Only One Time" for each and every injection.

118. What is MSDS? What should we do in case of spillage of hazardous material or exposure to body parts?

Answer:

MSDS is Material Safety Data Sheet. Management of hazardous material All the hazardous materials must have "Caution" sticker on them and MSDS for the same must be displayed in the department.

- In case of spillage of these hazardous material, steps mentioned under 'Accidental release measure' to be followed.
  In case any body parts get exposed to these hazardous material, 'First measure steps'mentioned in MSDS to be followed by the person.

PATIENT SAFETY & QUALITY IMPROVEMENT (PSQ)

119. Who is looking after safety aspects of your hospital?

Answer:

Mr. Sujal Patel (Patient Safety Officer)

120. Who is looking after Clinical safety aspects of your hospital?

Answer:

Dr. Paresh Rathod (Clinical Safety Officer)

121. Define the following:

Answer:

- **Hazardous materials:-** These are those substances that are dangerous to human & other living organisms. They include radioactive or chemical materials.
- Near **Miss Event :-** A near-miss is an unplanned event that did not result in injury, illness, or damage-but had the potential to do so. Errors that did not result in patient harm, but could have, can be categorized as near-miss.
- No **harm-** No harm is defined as the error is not recognized and the deed is done but fortunately for the health care professional, the expected adverse event does not occur.
- **Adverse Events-** An injury related to medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care.
- Sentinel **Events**- A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health-care services.
  Major and enduring loss of function refers to sensory, motor physiological or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.

122. What is Quality Improvement Project?

Answer:

- Quality improvement projects involve a combined effort among health care staff and top management to make a continual improvement in the health care delivery system.
- The organization undertakes the two quality improvement projects at every

year.

- The quality Improvement projects should a time bond activity with a definite purpose, measurement parameters under improvement at the beginning and end of the project.

123. How many quality improvement project are under taken by the organization?

Answer:

The organization under takes the to quality improvement projects at every year.

124. What is Clinical Audit?

Answer:

A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

125. When will quality improvement committee review quality improvement programme?

Answer:

The Quality Improvement Programme is reviewed by the Quality Improvement Committee at once in a three months.

126. When is nursing audit done?

Answer:

The organization monitors the quality of nursing care through nursing audits and it is done at once in a three months.

127. When is internal audit done?

Answer:

A Quality Improvement Committee formulates a multidisciplinary team or identified the staff who conduct an internal audit at once in a six month in a hospital-wide. A summary report is generated at the end of the audit & corrective & preventive measures are taken & document it. Implementation of changes is verified and record it.

128. What is PATIENT REPORTED OUTCOME MEASURES?

Answer:

- Patient Reported Outcome Measure (PROM) is used to measures the outcome of healthcare or service intervention from patient's own perspectives.
  - It is used to gather information directly from patients about their symptoms, general condition, and overall quality of life.
  - The collection of this data use in conjunction with, existing information on the quality of services.
  - PROM includes the questionnaires which are answered by the patient, after surgery/procedure (at least one month & three months after cardiac surgery/procedure).
  - Patients' self-reported health status is assessed through a mixture of generic

and condition-specific questions.

129. <u>List out KEY PERFORMANCE INDICATORS.</u>

Answer:

S.N	Quality Indicators Name	Benchmark
1	**Time taken for Initial Assessment of Indoor Patients by Doctors (Non-Critical Area)**	**30 Minutes**
	Time taken for Initial Assessment of Indoor Patients by Doctors (High Dependency Area)	**15 Minutes**
	Time taken for Initial Assessment of Indoor Patients by Doctors (Critical Area)	**15 Minutes**
	Time taken for Initial Assessment of Indoor Patients by Doctors (Emergency)	**5 Minutes**
	Time taken for Initial Assessment of Indoor Patients by Nurses (Critical areas)	**15 Minutes**
	Time taken for Initial Assessment of Indoor Patients by Nurses (High Dependency Area)	**15 Minutes**
	Time taken for Initial Assessment of Indoor Patients by Nurses (Non-Critical areas)	**30 Minutes**
2	**Number of Reporting Errors/1000 Investigations (Patho Lab)**	**1**
	Number of Reporting Errors/1000 Investigations (Micro Lab)	**1**
	Number of Reporting Errors/1000 Investigations (CT Scan)	**1.2**
	Number of Reporting Errors/1000 Investigations (X-Ray)	**0**
	Number of Reporting Errors/1000 Investigations (Sonography)	**1.7**
	Number of Reporting Errors/1000 Investigations (Cath Lab)	**2**
	Number of Reporting Errors/1000 Investigations (Nuclear Medicine)	**0**
3	**Percentage of Adherence to Safety Precautions by Staff Working in Diagnostics (Patho Lab)**	**100%**
	Percentage of Adherence to Safety Precautions by Staff Working in Diagnostics (Micro Lab)	**100%**

	Percentage of Adherence to Safety Precautions by Staff Working in Diagnostics (Cath Lab)	**100%**
	Percentage of Adherence to Safety Precautions by Staff Working in Diagnostics (Radiology)	**100%**
4	**Medication Errors**	**5%**
5	**Percentage of Medication Charts with error-prone Abbreviations**	**3%**
6	**Percentage of in-patients developing adverse drug reaction (s)**	**0%**
7	**Percentage of unplanned return to OT**	**5%**
8	**Percentage of re-scheduling of surgeries**	**7%**
9	**Percentage of surgeries where the organization's procedure to prevent adverse events like wrong site, wrong patient and wrong surgery have been adhered to**	**100%**
10	**Percentage of cases who received appropriate prophylactic antibiotics within the specified timeframe**	**100%**
11	**Percentage of transfusion reactions**	**0%**
12	**Standardised Mortality Ratio for ICU**	**100%**
13	**Number of returns to the emergency within 72 hours with Similar presenting complaints**	**0.10%**
14	**Incidence of hospital associtated pressure ulcers after admission (Bed sore per 1000 patient days)**	**4**
15	**Catheter associated Urinary Tract Infection Rate (CA-UTI)**	**2**
16	**Ventilator associated Pneumonia Rate (VAP)**	**7**
17	**Central line associted Blood Stream Infection Rate (CLABSI)**	**4.5**
18	**Surgical site infection Rate (SSI)**	**1%**
19	**Hand Hygiene Compliance Rate**	**80%**
20	**Turnaround time for issue of blood and blood components**	**90 Minutes**
21	**Waiting time for out-patient consultation (Cardio OPD)**	**180 Minutes**
	Waiting time for out-patient consultation (CVTS OPD)	**180 Minutes**

	Waiting time for out-patient consultation (Pediatric OPD)	**180 Minutes**
22	**Compliance rate to Medication Prescription in Capitals**	**100%**
23	**Waiting Time for Diagnostics Service**	
	Waiting time for Diagnostics Service (Patho Lab) (MINS)	**30 Minutes**
	Waiting time for Diagnostics Service (Micro Lab) (MINS)	**30 Minutes**
	Waiting time for Diagnostics Service (Cath Lab) (MINS)	**60 Minutes**
	Waiting time for Diagnostics Service (X-Ray)(MINS)	**30 Minutes**
	Waiting time for Diagnostics Service (Sonography) (MINS)	**30 Minutes**
	Waiting time for Diagnostics Service (Nuclear Medicine) (MINS)	**30 Minutes**
	Waiting time for Diagnostics Service (Echo)(MINS)	**60 Minutes**
	Waiting time for Diagnostics Service (TMT) (MINS)	**30 Minutes**
24	**Time taken for discharge**	**180 Minutes**
25	**Percentage of medical records having incomplete and/or improper Consent**	**0%**
26	**Percentage of Missing Records**	**0%**
27	**Stock out Rate of Emergency medications (Drugs)**	**0%**
28	**Stock out Rate of Emergency medications (Consumables)**	**0%**
29	**Number of variations Observed in mock drills**	**10%**
30	**Patient fall rate**	**0.00**
31	**Percentage of near misses**	**100%**

32	**Incidence of needle stick injuries**	**4**
33	**Number of Sentinel Events Reported, Collected and Analyzed within the defined Timeframe**	**100%**
34	**Nurse-Patient Ratio for Wards**	**6.00**
	Nurse-Patient Ratio for ICUs	**1.5**
	Nurse-patient ratio for High Dependency Area	**3.00**
35	**Appropriate handovers during shift Change (By Doctors)**	**100%**
	Appropriate handovers during shift Change (By Nurses)	**100%**
36	**Percentage of patients receiving high risk medications developing adverse drug event**	**0%**
37	**Percentage of Adverse Anesthesia Events(Cath Lab)**	**0%**
	Percentage of Adverse Anesthesia Events(CTOT)	**0%**
38	**Anesthesia Related Mortality Rate(Cath Lab)**	**0%**
	Anesthesia Related Mortality Rate(CTOT)	**0%**
39	**Percentage of Return to ICU within 48hrs**	**1%**
40	**Re-Intubation Rate**	**5%**
41	**Percentage of Employees Provided Pre-Exposure Prophylaxis**	**100%**
42	**Bed Occupancy Rate**	**90%**
43	**Average Length of Stay**	**7**
44	**Critical Equipment Down Time**	**45 Minutes**
45	**Out Patient Satisfaction Index**	**94%**
46	**In Patient Satisfaction Index**	**90%**
47	**Compliance Rate of BMW Management**	**100%**
48	**Turn Around Time for Diagnostics Service**	
	Pathology	
	CBC	**6 hr**
	Prothrombin Time (PT)	**3 hr**
	Lipid Profile	**6 hr**
	Troponin - I quantitation (High Sensitivity)	**1hr 15min**
	CPK-MB	**6 hr**
	HBsAg CMIA	**6 hr**
	HIV	**6 hr**

	SGPT	**6 hr**
	Sugar - RBS	**6 hr**
	TSH	**6 hr**
	URINE R/M	**8 hr**
	Turn Around Time for Diagnostics Service (CT Scan)	**8 hr**
	Turn Around Time for Diagnostics Service (Cath Lab)	**4 hr**
	Turn Around Time for Diagnostics Service (TMT)	**45 Minutes**
49	**Cancellation Rate of Cath Procedure**	**7%**
50	**Employee Salary Release Time**	**3 days**
51	**Door to Ballon Time in MI Patients**	**90 Mins.**
52	**Employee Attrition Rate**	**2%**
53	**Employee Absenteeism Rate**	**2%**
54	**Incidence of Patient Identification errors**	**0%**

130. <u>Which tool is used to measure culture of safety?</u>

Answer:

AHRQ surveys on Patient Safety Culture (SOPS™) tool is used to measure a culture of safety. It emphasizes patient safety and error and event reporting.

AHRQ surveys on Patient Safety Culture (SOPS™) :-

- It is designed for hospital staff and examines safety culture from a hospital staff perspective.
- The survey can be used to:-
  - Raise staff awareness about patient safety
  - Assess the current status of patient safety culture
  - Identify strengths and areas for patient safety culture improvement
  - Examine trends in patient safety culture change over time
  - Evaluate the cultural impact of patient safety initiatives and interventions

RESPONSIBILITIES OF MANAGEMENT (ROM)

131. What is the Mission & Vision of your Hospital?

Answer:

- **Vision:** Our vision is to be recognized as World Class facility in quality cardiac care and as a center of excellence in Cardiovascular Research.
- **Mission:** To Offer World Class Quality Care in cardiology at No cost or Concessional cost and to provide free super specialty higher education in Cardiology, Cardiovascular Thoracic Surgery & Cardiac Anesthesia.

132. What is an Internal and External reporting of System for process failure?

Answer:

Internal Reporting system for the Maintenance Department (Biomedical ,Electrical, IT, Civil, linen, photography, General Store, HMIS, Housekeeping) (in terms of process failure)	
Incident Identification	⌄ Any hospital employee identifies a need for maintenance or reports damage. ⌄ The employee calls the maintenance helpline number "666" from a hospital landline phone.
Complaint Registration	⌄ The call is received by the maintenance coordinator/control room, available 24/7/365. ⌄ The employee (complainer) provides details of the issue, their name, department location, and contact information (extension or personal number).
Complaint Number Generation	⌄ The maintenance coordinator assigns a unique complaint number to the employee and records the complaint details.
Notification to Maintenance Department	⌄ The maintenance coordinator contacts the relevant maintenance department, providing them with the complaint details, including the unique number, location, time, and date.
Issue Resolution	⌄ Staff from the concerned maintenance department visit the specified location. ⌄ They attempt to resolve the issue in accordance with the complaint details. ⌄ If the issue is major and beyond the department's capability to resolve, the head of the department is informed.
External Reporting	⌄ If the issue still cannot be resolved internally, the concerned company personnel or external service provider is contacted for further assistance.
Feedback and Documentation	⌄ After the complaint is resolved, the employee fills out a Hospital Maintenance Complaint form and provides feedback. ⌄ The completed form is submitted to the maintenance coordinator for record-keeping.

Internal and External reporting of System for process failure	
CT Scan / Cath Lab / Nuclear Medicine / X-Ray / Ultrasonography / Doppler	
Failure Detection	The senior personnel of the department notices an anomaly or malfunction in the machine / equipment during operation or routine checks.
Immediate Response	⌄ Stop using the machine to prevent any harm to patients or further damage to the equipment. ⌄ Ensure the safety of patients and staff in the vicinity.
Internal Reporting	⌄ The senior personnel of the department dial "666" and inform about the non-functionality of equipment. ⌄ Provide a detailed report on the nature of the failure, any error messages, and circumstances leading to the failure. ⌄ Reporting shall be done as per SOP of maintenance helpline number call "666" (UNMICRC/FMS/POL/05/REV 06)
External Reporting	⌄ Inform to patients about the nonfunctioning of equipment, potential rescheduling, or alternate arrangements. ⌄ Contact the manufacture company to report the malfunction and seek technical assistance or guidance. (if required)
Documentation	⌄ Document the nature of the failure, steps taken for its resolution, and any preventive measures implemented. ⌄ Update maintenance logs and any other relevant records.
Lift, D.G. Set, U.P.S., HT & LT Panels, Firefighting and FAPA SYSTEM. etc. critical equipment	
Failure Detection	Any personnel notices an anomaly or malfunction.
Immediate Response	⌄ Stop using the machine/equipment to prevent any harm or further damage to the machine/equipment. ⌄ Ensure the safety of patients and staff in the vicinity.
Internal Reporting	⌄ The senior personnel of the department dial "666" and inform about the non-functionality of machine/equipment. ⌄ Provide a detailed report on the nature of the failure, any error messages, and circumstances leading to the failure. ⌄ Reporting shall be done as per SOP of maintenance helpline number call "666" (UNMICRC/FMS/POL/05/REV 06)
External Reporting	⌄ Contact the company to report the malfunction and seek technical assistance or guidance.(if required)
Documentation	⌄ Document the nature of the failure, steps taken for its resolution, and any preventive measures implemented. ⌄ Update maintenance logs and any other relevant records.

Software/HMIS	
Failure Detection	⌄ Recognize any malfunction, error, or discrepancy in the HMIS
Immediate Response	⌄ Immediate notification to the HMIS support team. ⌄ Automated system fail-safes or backup systems that activate upon detecting certain failures. ⌄ Quick communication channels like instant messaging or alarms for urgent failures.
Internal Reporting	⌄ Inform the relevant departments or personnel within the organization about the failure. ⌄ Escalation procedures to inform higher management based on failure severity.
External Reporting	⌄ Notify external stakeholders about the failure, ensuring transparency and seeking external support if required. ⌄ If patient data is compromised or if patient care is affected, the concerned patients or their representatives must be informed. ⌄ If the failure is due to a software or hardware issue, the service provider must be informed for troubleshooting and resolution.
Documentation	⌄ A detailed report of the external communication, including responses or actions taken by external entities, is documented.

FACILITIES MANAGEMENT & SAFETY (FMS)

133. <u>What is Green Hospital?</u>

Answer:

- There are gardening and plantation in front of hospital.
- We are purchase only high energy efficient equipment (i.e. 5 star rated split Air conditioner, IE-3 electrical motor, LED light in place of CFL light etc….)
- Rejected water which are generated by reverse osmosis plant used in flush water as well as gardening water.
- Natural light provided in waiting area Cardiology ward, CTRR, Special Room and Administrative wing through glass partition.
- Use solar plant for hot water generation.
- Water pump operate through sensor in each underground and over ground tank.
- Recharge pits are used for rain water harvesting.
- Each air handling unit have variable frequency drive for fan speed.
- Water meter are provided in each bore well and regular meter reading carried out by maintenance department.
- All air conditioning area (i.e. cath lab, OT, ICCU, CTRR, Special Room, Administrative room, central lecture hall and waiting area) parameters design as per ASHRAE like humidity, air changes, fresh air etc.
- Maintenance work in critical area well protected to prevent infection.
- The whole HVAC system operate by Building management system so AHU On/Off, Temp increase and decrease by building management system software.
- Water Saving Plumbing fixtures adopted for conserving water.
- Wall paints for internal and external are used which are free from volatile organic compound.
- STP plant (Sewage Treatment Plant) of capacity 800 KLD with MBR (Membrane Bio-Reactor) Technology & ETP plant (Effluent Treatment Plant) of capacity 60 KLD has been installed.
- The source of sewage is soil and waste water from toilets and pantry. Drain lines for sewerage and pantry waste are planned right up to the sewage treatment area.
- Treated Waste Water will be used for meeting Cooling Tower, Flushing for Existing Hospital Block, Residential Block and Landscape Irrigation with Dual Plumbing System.
- Dual plumbing system with separate tanks and lines shall be provided for utilization of treated sewage for flushing.

134. <u>What aspects of safety does Clinical Safety Officer observes and takes actions?</u>

Answer:

- To conduct safety round regularly with patient safety officer to ensure safety in patient care area.
- Identify training needs of staff on safety aspects.
- To take follow up of victim in case of any safety regarding incidents within the hospital as & when required.
- Identify the potential risks in the hospital in terms of clinical domains.

135. <u>What are Patient Safety Goals?</u>

Answer:

- Hospital defined following patient safety goals (As per National safety goals, 2018-Hospital Accreditation Program guideline)

  Goal 1:- Improve the accuracy of patient identification.

  Goal 2:- Improve the effectiveness of communication among caregivers.

  Goal 3:- Improve the safety of high alert medications.

  Goal 4:- Ensure the Safe Surgery.

  Goal 5:- Reduce the risk of health care–associated infections.

  Goal 6:- Reduce the risk of patient harm resulting from falls

  Implement the patient safety goals shall be done at the department level and it is monitored by the safety committee & / quality department.

HUMAN RESOURCE MANAGEMENT (HRM)

136. How Institute plans manpower?

Answer:

- **Nurse & Patient Ratio for critical care areas:-**
  - 1:1 for ventilated patients
  - 1:2 for non-ventilated patients
- **Nurse & Patient Ratio for High Dependency areas is 1:3.**
- **Nurse & Patient Ratio for Non- critical care areas is 1:6.**
- **Doctors**-Medical Officers manpower planning has been carried out accordingly standard guidelines for doctors.
  - Doctor & Patient Ratio for critical care areas is 1:15
  - Doctor& Patient Ratio for Non- critical care areas is 1:30

137. Describe stages of performance appraisal.

Answer:

- Stage 1 - At this stage, concerned employee will rate his / her performance during the year and handover the form to the immediate supervisor. (note: stage 1 is not applicable for junior level staff)
- Stage 2 - Immediate supervisor will rate the performance of the employee based on self-rating by the employee and objective assessment by the supervisor.
- Stage 3 - At this stage the reviewing authority will review the rating given by the immediate supervisor and finalize the rating.

Institute shall use 5 points rating scale as suggested latter in this section.

Rating	Descriptions	Points
Performance rating 'A'	Performance exceptional and consistently high level	5
Performance rating 'B'	Performance superior and consistently exceeds overall performance requirements.	4
Performance rating 'C'	Performance is satisfactory meets most parameters of performance requirements. Weakness offset by strong points.	3
Performance rating 'D'	Performance is below satisfactory, however displays progress towards an enhanced performance	2 or less

138. How does the organization appreciate employees apart from performance appraisal?

Answer:

All the employees are assessed by the institute on various individual qualities (parameters) and regardless of their designation or seniority, qualified employees are being awarded with:

- Star of the week
- Star of the month

139. <u>How employees grievances are addressed?</u>

Answer:

- Employee can directly raise complaint to their immediate HOD
- Employee can also use Complaint Box
- Employee can directly raise their complaint into Grievance Redressal Committee by contacting coordinator of the committee.
- Employee can raise their complaint in feedback form also as employee feedback is also received two times in a year.

140. <u>How patient complaints are addressed?</u>

Answer:

Patient and relatives register complaint by following ways

- By approaching any member of the healthcare team who is involved in their care.
- By using contact number displayed in hospital to register the complaint
- By filling up the feedback form and handing it over to concerned department.
- By approaching complaint/suggestion box available in departments.
- Receiver of complaint may try to resolve the problem by talking to concerned person.
- If patient is not satisfied complaint may go to grievance committee chairperson and he/she tries to solve the problem.
- If complaint is received in feedback form, patient may be informed after solving the complaint.

141. <u>Mention 5 employees' rights and responsibilities.</u>

Answer:

Employee rights:

1. Right to be treated equally
2. Right to receive salary on periodic basis
3. Right to have leave as per policy
4. Right to have safe and secure working environment
5. Right to be treated with respect and dignity
6. Right to complaint
7. Right to have privacy and confidentiality of information

Employee responsibilities:

1. To treat others equally
2. To complete assigned work sincerely.
3. To follow rules and regulation of hospital
4. Not to damage or misuse hospital property
5. Not to participate in Fraud or corruption and notify the authority about the same if anyone is involved in such thing.

6. To treat others with respect and dignity and not to harass any one.
7. Not to disclose hospitals' confidential matter to anybody.

142. <u>What is Credentialing & Privileging?</u>

Answer:

Credentialing: Process of obtaining, verifying and assessing the qualification of a healthcare provider

Privileging: Process of authorizing all medical professionals to admit and treat patients as per their qualifications and skills.

143. <u>How employee health need is being addressed at your hospital?</u>

Answer:

- Pre-Employment Health Checkup
- Regular Annual Employment Health Checkup
- Pre and post exposure prophylactic vaccination against Hepatitis
- Training on Occupational Hazards
- PPEs for safety
- Health Insurance Coverage
- Health Insurance Coverage
- Adequate and appropriate facilities for hand hygiene in all patient care area such as liquid hand wash, large wash basin with elbow operated taps, tissue paper/ hand dry, hand rubs etc.
- The hospital defines the conditions where isolation, barrier nursing or both isolation and barrier nursing is required. The organization provides barrier nursing facilities such as clothing, mask, gloves etc.
- For Driver – Audiometry and visual Test.
- For Employees working in Medical Air Compressor unit /Vacuum Compressor Unit/HVAC Plan (High Noise Areas) –
- Audiometry test.
- For Employees working in Radiation areas-
    - Thyroid Profile as and when required.
    - Institute provides TLD badges and lead apron and appropriate glass wear.
    - Regular test of TLD and lab apron are being performed.

144. <u>What is your job description & job responsibilities? Have you received your JD & JR?</u>

Answer:

A Job description is a list that a person might use for general task or functions and responsibilities of a position. It may often include to whom position report, specification in job and salary range.

145. <u>Do we have uniform dress code policy?</u>

Answer: Yes, we follow uniform dress code policy.

DRESS CODE POLICY		
DESIGNATION	**DRESS CODE**	**COLOR**
Doctors	White Apron with UNM logo	
Doctors(Critical Area)	Dark Sky blue	
Residents/ Medical Officer	Navy Blue	
Matrons	Maroon Color	
Nursing Tutor	Light Maroon Color	
Nursing In-charges	Dark Magenta Color	
Infection Control Nurse	Magenta Color	
Nurses	Purple color (For Male Nurse Purple shirt with collar)	
Patient Attendant/ Nursing Assistant	Bottle Green	
Students	Turquoise Blue	
Physiotherapist	Light Sky Blue	
Technicians, OT Manager, Perfusionist	Dark Grey	
Pharmacist & Dietician	Formal Dress with Apron	
MSW, MT, TA, Office Executive, Admin Staff	Gray & Black	
Psychologist & Physician Assistant	Cream Color	
Reception	Saree	
Patient Navigator	Navy Blue with Blazer with Badge	

146. <u>What is h osp it a l's Cod e of Condu ct ?</u>

Answer:

Do's	**Don'ts**
Respect the dignity and privacy of each patient and treat all the patients with courtesy and respect. And treat all the employees with respect and not to discriminate any colleague or staff member.	To discriminate on the basis of caste, religion, gender, disability, age, political persuasion, conscience, culture, language.
To fulfill all the requirements of Hospital medical record.	Negligency in Medical record
To promote a continuous quality and performance improvement program throughout the Hospital.	Demote continuous quality and performance improvement program
To continuously strive toward a culture of patient safety.	Discuss patient information in any public area
To report actual or potential conflicts of interest to the immediate supervisor or manager.	To engage in an activity, practice or act that creates an actual or apparent conflict with the interests of the Hospital.
To maintain the confidentiality of patient and employee information in accordance with legal and ethical standards.	Breaches of confidentiality
To ensure safeguard the hospitals assets and physical property and ensure the appropriate use of the hospitals resources.	To involve themselves in fraud, corruption, nepotism, maladministration and any other act which constitutes an offence.
To maintain a safe and secure environment for the health and safety of patients, visitors and employees.	To issue any statement to the media directly or indirectly.
To report who are involved in fraud, corruption, nepotism, maladministration and any other act which constitutes an offence irrespective of his or her position.	To converse in their local vernacular (language) while in patient contact areas
To comply with all policies in relation to his job. And comply with organizational discipline.	Jeopardize the hospital's assets and physical property.
To promptly notify the HR department of any changes in their personal data like change in name, address, contact number, marital status, number of their dependents, bank account details etc.	Violation of patient rights
All personal and confidential papers are kept securely.	Defy the hospital's policy.
Follow the hospital's dress code policy	
To report to the work place as per schedule time.	

INFORMATION MANAGEMENT SYSTEM (IMS)

147. What is Medical Record Audit?

Answer:

- Medical Record Audit is a detailed review and evaluation of selected clinical records by qualified professional personnel for evaluating quality of medical care.
- Both Active & discharge patient's record shall be included in Medical record audit

148. Who can make entry in medical records?

Answer:

The medical records can be entered by:

- Treating Consultant and Cross Referred Consultant
- Resident doctors / Medical Officer
- Physiotherapist
- Dietician
- Nurse (only in nursing records)
- Perfusionist

149. How inpatient files are coded?

Answer:

All the inpatient files (diagnosis) shall be coded according to the ICD (International Classification of Diseases) -10 coding

150. Do you have access to various hospital Policies? Where are they available?

Answer: Yes, we have soft copy in the computer.

151. Mention retention period of medical records?

Answer:

Medical Records shall be retained for following given minimum period.

Medical Records	Storage area	Retention Time
IPD Record	MRD	10 Years
OPD case record	MRD	10 years (*OPD Case paper shall be retained for 10 years in case of hospitalization.)
MLC case file	MRD	Life Time
Death Records	MRD	10 Years
Departmental Registers	Hospital wide	1 year
Legal Documents	Director Office	Life Time

(* Registers, Forms & Formats of Inpatients shall be kept for 10 years

*** Registers, Forms & Formats of Outpatients shall be kept for 3 years)**

152. <u>Mention approved list of abbreviations?</u>

Answer:

Approved List Of abbreviations:-

SR NO	ABBREVIATION
1	**ACS-** Acute Coronary Syndrome
2	**AKI-** Acute Kidney Injury
3	**ABG –** Arterial Blood Gas
4	**ACLS –** Advanced Cardiac Life Support
5	**AF –** Atrial Fibrillation
6	**AFB –** Acid-Fast Bacilli
7	**ARF –** Acute Renal Failure
8	**ASCVD –** Atherosclerotic Cardiovascular Disease
9	**ASD –** Atrial Septal Defect
10	**AV –** Atrio Ventricular
11	**AICD-** Automated Implantable Cardioverter Defibrillator
12	**AR-** Aortic Regurgitation
13	**AS -** Aortic Stenosis
14	**AVR -** Aortic Valve Replacement
15	**AWMI-** Anterior Wall Myocardial Infarction
16	**AP WINDOW -** Aorto Pulmonary Window
17	**BBB –** Bundle Branch Block
18	**BMR –** Basal Metabolic Rate
19	**BLS-** Basic Life Support
20	**BP –** Blood Pressure
21	**BX –** Biopsy
22	**BMV-** Balloon Mitral Valvuloplasty
23	**BPV-** Balloon Pulmonary Valvuloplasty
24	**BDC-** Balloon Dilatation Coarctation
25	**BAV-** Balloon Aortic Valvotomy
26	**BDG-** Bidirectional Glenn
27	**BT SHUNT-**Blalock-Taussing
28	**C&S –** Culture And Sensitivity
29	**CAG-** Coronary Angiography
30	**CHB-** Complete Heart Block
31	**CKD-** Chronic Kidney Disease
32	**COA-** Coarctation Of Aorta
33	**CABG –** Coronary Artery Bypass Grafting

SR NO	ABBREVIATION
34	**CAD –** Coronary Artery Disease
35	**CBC –** Complete Blood Count
36	**CHF –** Congestive Heart Failure
37	**CO –** Cardiac Output
38	**CVA-** Cerebro Vascular Accident
39	**COD-** Cause Of Death
40	**C/O –** Complaining Of
41	**COPD –** Chronic Obstructive Pulmonary Disease
42	**CPAP –** Continuous Positive Airway Pressure
43	**CPK-MB–** Creatinine Phosphokinase Muscle Band
44	**CPR –** Cardiopulmonary Resuscitation
45	**CSF –** Cerebrospinal Fluid
46	**CT –** Computerized Tomography
47	**CVP –** Central Venous Pressure
48	**CXR –** Chest X-Ray
49	**CFA-** Common Femoral Artery
50	**CHD-** Congenital Heart Disease
51	**CRT-** Cardiac Resynchronization Therapy
52	**DM –** Diabetes Mellitus
53	**DOE –** Dyspnoea On Exertion
54	**DVT –** Deep Venous Thrombosis
55	**DKA-** Diabetic Ketoacidosis
56	**DCMP-** Dilated Cardiomyopathy
57	**DORV-** Double Outlet Right Ventricle
58	**DSE-** Dobutamine Stress Echo
59	**DVR-** Double Valve Replacement
60	**DOE-**Dyspnoea On Exertion
61	**DTGA-** Dextro-Transposition of the Great Arteries
62	**EP STUDY-** Electro Physiology Study
63	**EA-** Effort Angina
64	**IE-** Infective Endocarditis
65	**ECG –** Electrocardiogram
66	**ESR –** Erythrocyte Sedimentation Rate
67	**ET –** Endotracheal
68	**ECMO-** Extracorporeal Membrane Oxygenation

SR NO	ABBREVIATION
69	**FBS –** Fasting Blood Sugar
70	**FFP –** Fresh Frozen Plasma
71	**GI –** Gastrointestinal
72	**HUTT-** Head Up Till Table Test
73	**HIV –** Human Immunodeficiency Virus
74	**HR-** Heart Rate
75	**Hb-** Haemoglobin
76	**Ht-** Height
77	**HTN –** Hypertension
78	**IVUS-** Intra Vascular Ultrasound
79	**I&D –** Incision And Drainage
80	**INR-** International Normalized Ratio
81	**I&O –** Intake And Output
82	**ID –** Infectious Disease
83	**IVC-** Inferior Vena Cava
84	**IRBBB –** Incomplete Right Bundle Branch Block
85	**K+ -** Potassium
86	**KUB –** Kidneys, Ureters, Bladder
87	**LVD-** Left Ventricular Dysfunction
88	**LRTI-** Lower Respiratory Tract Infection
89	**LIMA & RIMA-**Left And Right Internal Mammary Arteries
90	**LBBB –** Left Bundle Branch Block
91	**LFT-** Liver Function Test
92	**LV –** Left Ventricle
93	**LVH –** Left Ventricular Hypertrophy
94	**LV ANGIO-** Left Venricular Angiography
95	**MI –** Myocardial Infarction
96	**MR-** Mitral Regurgitation
97	**MRI-** Magnetic Resonance Imaging
98	**MODs-** Multiple Organ Dysfunction
99	**NA^+ -** Sodium
100	**NAD-** Nothing Abnormal Discovered
101	**NSTEMI-**Non-ST-Elevation Myocardial Infarction
102	**NYHA-** New York Heart Association
103	**NSVT-** Non Sustain Ventricular Tachycardia
104	**MVR-** Mitral Valve Replacement

SR NO	ABBREVIATION
105	**PA BAND-** Pulmonary Artery Banding
106	**PAH-** Pulmonary Arterial Hypertension
107	**PAMI-** Primary Angioplasty In Myocardial Infarction
108	**PAP –** Pulmonary Artery Pressure
109	**PDA –** Patent Ductus Arteriosus
110	**PE –** Pulmonary Embolism
111	**PFT –** Pulmonary Function Tests
112	**POD –** Post-Op Day
113	**PS –** Pulmonic Stenosis
114	**PT –** Prothrombin Time
115	**Pt –** Patient
116	**PAOD -**Peripheral Artery -Obstructive Disease
117	**PTCA –** Percutaneous Transluminal Coronary Angioplasty
118	**PLHA-**People Living With HIV AIDS
119	**PVD –** Peripheral Vascular Disease
120	**PAG-** Peripheral Angiography
121	**PPI-** Permanent Pacemaker Implantation
122	**PWMI-** Posterior Wall Myocardial Infarction
123	**PCI-** Percutaneous Coronary Intervention
124	**RT-**Ryles Tube
125	**RBBB –** Right Bundle Branch Block
126	**RS-** Respiratory System
127	**RHD-** Rheumatic Heart Disease
128	**Rx –** Treatment
129	**RV-** Right Ventricle
130	**RA/LA MYXOMA-** Right Atrium/Left Atrium Myxoma
131	**RSOV-** Rupture Sinus Of Valsalva
132	**SVT-** Supraventricular Tachycardia
133	**SMA-** Superior Mesenteric Artery
134	**SAM RESECTION-**Systolic Anterior Motion
135	**SFA-** Superficial Femoral Artery
136	**RVOT-** Right Ventricular Outflow Tract Repair
137	**SA –** Sinoatrial
138	**Stat-** Immediately
139	**SVC-** Superior Vena Cava

SR NO	ABBREVIATION
140	**SVD-** Single Vessel Disease
141	**TVD-** Triple Vessels Disease
142	**TAPVC-** Total Anomalous Pulmonary Venous Connection
143	**TPI-** Temporary Pacemaker Implantation
144	**TOF-** Tetralogy Of Fallot
145	**TB –** Tuberculosis
146	**TEE-** Trans Oesophageal Echocardiography
147	**TMT-** Tread Mill Test
148	**TR-** Tricuspid Regurgitation
149	**TVR-** Tricuspid Valve Replacement
150	**VT-** Ventricular Tachycardia
151	**VF-** Ventricular Fibrillation
152	**VSD-** Ventricular Septal Defect
153	**VSR-** Ventricular Septal Rupture
154	**UA-**Unstable Angina
155	**UTI-** Urinary Tract Infection